

MENTAL HYGIENE

VOL. XI

JANUARY, 1927

No. 1

WHAT HAS MENTAL HYGIENE TO OFFER CHILDHOOD AT THE END OF 1926? *

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IT IS now almost two years since there was held in Chicago a three-day meeting in commemoration of the twenty-fifth anniversary of the first juvenile court in this country and the fifteenth anniversary of the first psychopathic institute. These two pioneer efforts in the intelligent management of delinquent childhood were initiated and carried on for a period of years through the vision and public-spirited generosity of the Chicago Woman's Club. The struggle of those early years and its gradual fruition into all the organized interests in youthful misbehavior with which we are familiar to-day was described by speakers from California to Massachusetts. *The Child, the Clinic, and the Court* is a little book unique for its frankness, brevity, and freedom from the atmosphere of expert testimony. It is the honest expression of men and women who are leaders in their respective fields of research, by virtue not of theoretical propaganda, but of years of achievement in the trial-and-error method of daily experience. In reading their messages one becomes impressed anew with the value of the conference as a timely opportunity for a mutual approach to common problems.

It is now almost twenty years since the phrase "mental hygiene" came into existence. From the meetings of a few

* Read at annual conference of the Child Study Association of America, Baltimore, November 30, 1926.

disciples, gathered here and there in an upper room to discuss ways and means of seeking after truth in this sphere of human welfare, the movement has developed into a large national organization with active branches in many parts of the world, supported by public and private funds.

To rise from obscurity into comparative fame in the space of barely two decades is a strain upon the adaptive capacity of any individual or community or productive industry; even more hazardous is the strain of such a rapid transition upon the morphological development of any new point of view. The history of science alone is scarred with the struggle of civilization to clarify its thought with regard to the great contributions of Copernicus and Harvey and Pasteur and Newton. Only a few months ago, the supposedly most up-to-date nation in the world broke out in a diffuse eruption of mental confusion about a great biological concept that our national intelligence has apparently failed to assimilate in sixty-six years. Such a public spectacle, humiliating as it is, should make us realize that even the dizzy progress of mechanical efficiency does not prevent human behavior from repeating itself in every century. Accordingly, it is well for those of us who devote our energies to the study and expressive interpretation of a phase of scientific striving so intimately associated with health and welfare, to pause from time to time in the feverish haste to be on our way and, in the light of past achievements and failures, attempt to evaluate our present status.

What is mental hygiene? Have you ever tried to put over its message to a group of settlement mothers in an industrial section, or to a group of county grade teachers, or to a rotary club, or to a summer class of postgraduate doctors, or to a psychological club that has been lectured at for ten consecutive winters by experts in every branch of human knowledge? If you have, you will discover that the phrases that roll so glibly from the tongues and pens of the elect fall empty and meaningless upon the ears of your auditors. To the mothers you are a false pastor of the infant flock; to the teachers you are a pilgrim stranger in the land of pedagogy; to organized business you are a suspicious candidate for philanthropy; and

to formal medicine you are more or less of an outcast, complacently classified with spinal adjustments and physiotherapy. Talk to them about hookworm or typhus or malaria, and they are eager and attentive, but mind is a topic about which every individual has an opinion that tends towards ossification with the passage of each succeeding year. It is still generally conceded that twelve men, selected with the care of Mr. Pickwick's jury, are perfectly competent to pass upon any form of behavior vagary presented for their consideration.

But such confident attitudes are by no means confined to the less initiated strata of society. Not long ago a teacher of medicine in a large Massachusetts university, addressing a theological congress on "the cure of souls", expressed himself as follows:

✓ "The writings, or propaganda, of mental hygiene show it to be nothing more than morals and religion. Mental hygiene is a very widespread propaganda, and is in danger of doing harm rather than good. Take the word hygiene. Hygiene is an equilibrium, mechanically and physically. The mechanical intake and the mechanical output are the same. It is not wasting its strength, and it is not gaining in strength; it is running on a level. Now mental hygiene says that the state of mind is in equilibrium, and in so saying it does very genuine harm, for the proper attitude of mind is a constant ascent."

And having thus defined the issue, he continued: "I know perfectly well there is a feeling that no one can have any great or brilliant success in the field of mental disease. Any one who wants to feel the stubbornness of fact will feel it, I think, more in attempting to help the insane than if he ran his head against a stone wall, but there is always a raving minority in the large group of mental sufferers whom any well-intentioned person who has patience and who isn't befogged by the presence of mental sufferers can help. I think the minister can help most of all. I urge you, therefore, to greater initiative towards service in the field grossly misnamed mental hygiene, in the field of individual cure of souls which the doctor is now very largely monopolizing."

✓ These words are significant from several standpoints. They

come from the citizen of a city and a state which not only talk mental hygiene, but daily exhibit its valuable contribution to public health and education through the sane and concrete programs of Douglas Thom and Dr. Healy and the late Walter Fernald. They come from a man who was a pioneer in social medicine, who controls courses in social ethics in important educational institutions, and who has a large, influential following in medical and educational circles.

Now in the mind of the man who in 1907 first coined the term mental hygiene and is recognized as having done "more than any one else to put its initial work on a sound basis", there was no such mechanistic definition of hygiene. Speaking at the National Conference of Social Workers in Denver, in June, 1925, Adolf Meyer said: "The problem of happiness and success is becoming recognized to a greater extent as a problem of hygiene or health, and not merely one of conformity to the teachings of tradition and goodness alone. Hygiene is found to depend to an overwhelming extent upon the condition of the organism, heredity and eugenics, the proper nutrition and growth, the habit training—and not only on the acquisition of knowledge and of some practical resources, but also on the emotional attitude, the development of one's innate capacities, and a reasonable respect for the instinctive desires and tendencies."

Struggle toward such a goal is of necessity tedious in that it calls for the cultivation of mental attitudes in ourselves and in others that are contrary to accepted habits of thinking. It confronts us with a concept of mind as an integrated part of the human organism, and not as an entity set apart from body and governed by laws of will power, self-control, and ethical suasion. In harmony with such a concept, organized mental hygiene has occupied itself with the functioning of the individual as a whole, studying his constitutional assets, his physiology, his neuro-anatomy, his psychobiology. Every avenue of approach to the adult nervous breakdown has revealed an unmistakable trail back to the story of individual beginnings. Year by year, with the progress of research, it has become more impossible to talk about groups—the delinquent, the subnormal, the insane, the psychoneurotic, the

alcoholic, the dependent—whose difficulties were so neatly classified and prescribed for even in the twilight of our own college period.

How do these various degrees of normality come into being? In attempting to answer this question, organized mental hygiene has gone about the collection of facts, reserving its theories as a purely secondary issue. These facts have taken us into the home, not as statistical agents gathering routine social data, but as intelligent observers of more subtle matters—the relationships of parents toward each other and toward their children, the rôle of family thinking in religion, school training, respect for civic institutions, and ideas of health and sickness.

From the home one logically turns to the school, where the average child spends six or seven years of his life and has his first taste of meeting the adaptive requirements of ordinary social relationships. Here, in the records of systematized education or public health, one should find a valuable repository of behavior facts representing habit responses, temperamental idiosyncrasies, and the daily hygiene of eating, sleeping, playing, and classroom assimilation. Over the natural bridge of school out into the period of emancipation, mental hygiene would follow the individual into the struggle of vocational adjustment and the emotional conflicts of adolescence, with all its flounderings to achieve balance between repression and desire.

Such ambitions are not utopian, but their realization will undoubtedly be the privilege of succeeding generations. Every step in the process of laying the foundations of this program has been, and will continue to be, hewn out of a living rock of conservatism and tradition which has always had to be conquered in the progress of civilization in all ages. For example, psychiatry has had to break up its own adhesions of set attitudes with regard to the so-called diseases of mind and their management. It has had to teach itself to describe behavior in simple terms of what the patient actually does and says, and to evaluate the findings in association with the life history of his adaptive assets and liabilities, instead of attempting to

make him fit the Procrustes bed of a formal classification of mental-disease entities.

In getting a social picture of family relationships and patterns of thinking, mental hygiene has had to stop and train its own social-service ambassadors, pleading the cause of their special needs before the tribunals of official training schools for social work. Except here and there in isolated schools and colleges throughout the country, mental hygiene has made no impression on organized education, which has felt that the psychology of pedagogy adequately covers the mental health of childhood and youth. The psychology of pedagogy has made splendid contributions to education in developing principles that determine what a child should learn from year to year and how he should be taught, but it has gathered little practical information for the guidance of parents and teachers in the handling of problems in the instinctive life of childhood. The goal of education has always been the development of character, or personality, or whatever else one wishes to call that combination which enables a person to get on in life with a reasonable measure of achievement and happiness. To this end the education of former generations focused its attention almost exclusively upon the academic menu, believing that one group of subjects strengthened the memory, another the reasoning, a third the imagination, and so forth. From the very mastery of this subject matter, it was argued, must inevitably come accuracy, concentration, retentiveness, judgment, self-control, and other evidences of sound intellectual habit formation. It was considered almost demoralizing, not so many years ago, to translate a sentence from the classics until months had been spent on the rules of prosody and syntax. To psychology we owe the abandonment of this old point of view in favor of a careful analysis of processes by which the child gains knowledge concerning the world around him. By virtue of such educational research, a remarkable synthesis has been effected between subject matter and the technique of child thinking. Another important influence of psychology on education is embodied in the recognition and development of motor skill and its habit-training possibilities, expressed in our vocational-guidance activities.

But there is other material for habit training in the school child, and points of individual difference and variation other than those that can be standardized by measuring intellectual and mechanical functioning. The mind of the child, like the mind of the adult, can no longer be considered synonymous with his intellectual functioning—popularly known as brains, or gray matter. The mind of the child includes the whole range of mental responses—moods and cravings, feelings and imaginations, play reactions and social relationships. Here are factors of daily human experience that cannot be evaluated by examination, or quiz, or any other form of academic standardization that stamps a person as sixth grade, or high school, or college graduate, and permits him to go out into the world and make a place for himself in its crowded ranks. Everywhere one sees men and women who show a surprising discrepancy between their record of accomplishment in school (marks) and their record of achievement and happiness in subsequent years. In the strife of competition, the application of what the individual child or adolescent has acquired during the school period is made possible or impossible by virtue of the habit responses with which he is equipped. Teaching, medicine, law, engineering, farming, home-making, nursing, stenography, business want trained men and women who have good habits of concentration and resourcefulness, but, above all, they want men and women who can get along with each other and their superiors and subordinates; they want men and women who can stand ridicule and criticism; who can persevere in the face of jealousy and friction; who will not wilt under discouragement, or flare up in anger and pitch up their jobs. In short, the skill of the mechanical or professional artisan constitutes only about 50 per cent of his market value in any sphere. The other 50 per cent is made up of temperamental characteristics, native and trained. It is a popular delusion that if an individual's intellect is well nourished, his temperamental idiosyncrasies will take care of themselves. Not a bit of it. There is nothing in the most perfected refinements of academic education that will in themselves make a person well-balanced.

Then there are those who contend that it is not the school's

business to gather the adaptive facts of childhood. Yet school is the golden period of mental hygiene and behavior, laden with a multitude of possibilities of adaptation which make or destroy the organism's happiness and satisfaction in future years. Ask the average school (public or private) or college for a statement as to a student's fitness for a business position or graduate work, and one gets personal impressions that are largely prejudiced likes or dislikes and contain no evidence of the student's behavior reactions throughout his course except for the record of academic work. What, for example, was his manner of work with regard to endurance, distractibility, fatigue, regularity? What was his reaction to competition, responsibility, discouragement, criticism? What evidence did he show of self-reliance and self-direction, or dependence and inferiority? What could be said of his emotional control? Here are factors that count tremendously in helping an individual find his place in life, yet formal education does not include them in its official records.

In looking over the files of a correctional institution for girls in our stat , it was found that 75 per cent had long juvenile-court records extending back into the school period of between ten to fourteen years, yet none of the schools approached for a statement about these girls had any record of delinquent behavior. Their records showed that these girls had repeated grades, had had frequent absences; that they had had tonsil and adenoid troubles and eye strain and carious teeth. But except for a rumor lingering in the mind of the principal or one of the older teachers, no hint of adaptive difficulties was found. It would seem, then, that with the intellectual capacity of the child belonging to the teacher and the body of the child to the department of health, the other behavior responses of each small personality must go begging.

With this background of insufficient facts from the province of the school, what can mental hygiene say to industry when it asks for guidance in the matter of personnel and labor turn-over and vocational adjustment? All this human material goes through the same preparatory mill, but from its hopper comes a variety of grist. Some of it is immediately utilizable; some of it requires further treatment to make it fit for use;

and some of it, alas, already contains unhealthy ferments that will eventually develop into social disintegration. Dependency, alcoholism, promiscuity, and other vicious trends are the cumulative results of a bad start in childhood, and in *individual* childhood.

Mental hygiene, then, has been logical in directing a systematic campaign for a study of childhood. The National Committee for Mental Hygiene and allied organizations are now ending a five-year program of concentrated child-guidance work, culminating in the establishment of a permanent institute for further research into the behavior symptomatology of childhood. It will not be possible adequately to evaluate this work for many years to come, but it is possible, even at this stage, to formulate certain trends in this great movement of modern psychopathology toward better health. I have outlined its goals and ambitions—its positive aims, so to speak. With equal fairness one should also mention tendencies that need watching, lest they obscure the purposes to which we are dedicated.

One of the dangers against which we have to guard is the temptation to propaganda through prophecy. Buoyed up on the wings of optimism and enthusiasm for various points of view, we have been guilty of bursting into print with some very absurd statements. For example, it has been authoritatively stated that if we could get at the nervous child, we could wipe out 50 per cent of adult nervous breakdowns. We have no facts to support such a statement any more than we had fifteen years ago for the statement that the establishment of psychopathic institutes would reduce the demand for state hospitals. Such remarks are wish fulfillments. They catch the ear for the time being, but sober reflection begets skepticism and final disillusionment.

But behind this temptation to hasty prophecy is often something far more deep-seated than mere enthusiasm. It is the tendency to camp out on some particular field of psychological or psychiatric research, and proclaim it as the one and only method of human salvation. For example, there is behaviorism, which, in its fundamental principles, offers a very welcome relief from the old introspective psychology that is apt

to claim consciousness as the exclusive subject matter of psychology. The behaviorist says, "Let us study the mind of a human being in terms of what he does and what he says, just as we study the functioning of muscle tissue or gastric juice." So far, well and good. But the behaviorist continues, "Give me a dozen healthy infants, well formed, and my own specified world to bring them up in, and I'll guarantee to take any one at random and train him to become any type of specialist I might select—into a doctor, lawyer, artist, merchant, chief, and, yes, even into beggar-man and thief, regardless of his talents, penchants, tendencies, abilities, vocations, and race of his ancestors. I would feel perfectly confident in the ultimately favorable outcome of careful upbringing of a healthy, well-formed baby from a long line of crooks, murderers and thieves and prostitutes."¹

Or, again, take a statement from orthodox psychology: "The acceptance of a study of intelligence functioning seems to save us any need for attempting so-called character and personality analysis. It takes care of these. What is personality? It is the sum total of an individual's ideas, memories, imaginings, plus the estimation of the reliability of his acting in accord with his knowledge."

In like manner the field of psychiatry has been equally fertile in eccentric conclusions. There are the ductless glands. Physiology and bio-chemistry have taught us certain things about these glands—the thyroid, the pancreas, the adrenals, the pituitary, the gonads. We know that these organs exert some unknown influence on sugar tolerance, secondary sex characteristics, the growth of bone and hair. We know that the cretin, if fed thyroid extract, is improved mentally and physically, but there is no reliable evidence to prove that the feeding of glandular extracts to any other kind of a retarded individual is curative or helpful. Yet all over the country mentally retarded children are being fed glandular extracts, and their parents are being buoyed up with the hope that some day these children will be normal.

Or there is the subject of repression, about which there are

¹ *Behaviorism*, by John B. Watson. (Lecture 5, pp. 75-76.) New York: The People's Institute Publishing Company, 1925.

so many half-baked ideas afloat to-day. Where have they come from? They have come from a branch of psychiatric research which has overemphasized and overadvertised repression as a source of terrible consequence. Now "repression is an essentially normal necessity and at the same time, like everything else, it may be turned into a chance for harm to society and to the individual. In certain individuals and under certain conditions it is apt to lead to conflicts and sometimes to conflicts which are mismanaged" and hence make us ill.

Is it necessary to scrap the facts of heredity and eugenics in order to do justice to environment and training as behavior determinants? Must a study of intelligence functioning prevent us from approaching the personality problem through any other channel of investigation? Shall we sit by and await with patience the day when bio-chemistry teaches us the trick of "changing the personality with glands"? Is repression the only black plague of the soul that causes us to run on two cylinders instead of on six or eight? These various theoretical concepts marching under the banner of mental hygiene convey to the public mind an idea that we are a house divided against itself, composed of factions aggressively striving with an almost commercial rivalry to discover *the* recipe for mental health. Behaviorism, eugenics, endocrinology, psychoanalysis, intelligence testing, offer rich contributions from the fields of psychology, biology, psychiatry, and education, but they are not in themselves panaceas for the maladjustments of childhood, adolescence, or maturity. All these points of view contain vital elements of truth, if only their respective exponents could keep theories within the bounds of the facts upon which they are supposed to be based. It is the far-fetched conclusion that does the damage. Its contagion lies in the plausibility of specific arguments to those unacquainted with other facts in the broad field of science, and also to the human tendency in us all to crave for some one explanation and cure for the ills that beset us.

For example, there is the topic of delinquency. Social science is agreed upon the individual delinquent. Of what is this antisocial behavior a symptom? In attempting to answer

this question, we have passed through the stage of punishment for natural perversity, and the startling theories of Lombroso, and we are now embarked upon a study of the beginnings of these trends in childhood. We know that such sidetracking of normal childish energy is very apt to occur in children who are constitutionally handicapped by mental retardation and also by a faulty endowment of emotional instability, often called psychopathic personality. But aside from this constitutionally handicapped group, we know that delinquency arises in normally endowed children as a result of the cumulative effect of unwholesome environment or a bad start in parental training. From one bureau of juvenile research comes the statement that "36.5 per cent of delinquents are feeble-minded, 30.3 per cent are psychopathic personalities, 17.4 per cent are unclassified, 8 per cent syphilitic, and only 7.8 per cent are 'free from any psychopathy' ". From another large unit of investigation comes the statement that only 8 per cent of delinquents passing through the juvenile court of a large city were found to be feeble-minded, that the remainder were delinquent because of "serious mental conflicts, emotional complexes, unhealthy mental imagery, bad home influences, and various physical disorders". Now who shall arbitrate for the delinquent between such conflicting statistical evidence, produced by equally skilled investigators who have employed essentially the same methods of scientific approach?

*Why are
it then?*

Educational statistics state that 55 per cent of public-school children are inadequately ministered to by a school curriculum that is made for the average child; that 30 per cent of public-school children are above the average in intelligence, and 25 per cent below the average. Here is a large childhood group that, failing to get proper satisfaction from normal channels for the expression of energy, is in danger of seeking it elsewhere. Startling as this fact may be, we cannot place upon the shoulders of the school the entire blame for delinquency and say, with a certain juvenile-court judge, that the only cure for delinquency is to ungrade our schools, where children are made so unhappy by dull and exacting teachers that they just naturally have to drift into crime as an escape from their repression.

In like manner the defects of our legal machinery are as easily seen as those of our school system. Probation, correctional training, parole, and follow-up work are admittedly weak in every part of the country, but, even so, there is no excuse for bursting into flames of accusation against law and the foreign-born, such as were witnessed two summers ago under the auspices of the National Crime Commission. For example, it was stated: "Police records of all cities show that more than 60 per cent of crimes of violence are committed by the foreign-born or sons of foreign-born." Now you and I know that police records are about as near the status of an exact science as is the information received through the daily press. We have not enough facts at our disposal to-day to hold any one institution of our social system responsible for delinquency. In the absence of these facts we should beware of indulging in impromptu generalizations that breed bitterness and fanaticism in those who speak and those who listen. *How true!*

As parents, teachers, physicians, social workers, we must learn to think things through for ourselves when theories and points of view are presented to us, and not spin them out upon the surface of our minds in the belief that we are keeping up to date. There is no harm, if we enjoy it, in demanding sensationalism in the press and in the type of fiction and drama that belittles the family as a social unit. There is no harm in weaving into our vocabulary "inferiority complex", "Edipus syndrome", "narcissism", "the subconscious mind", "subnormal", and so forth, provided that such instinctive strivings and such terminology do not paralyze the normal coördinating function of our reasoning and critical judgment. As disciples of true mental hygiene, we must continue to gather facts and study them for what they are worth, undistracted by the temptation to prophesy and develop formulæ. It is a slow and tedious process. No machine has yet been discovered to separate the ingredients of behavior. If this means discouragement, then our ranks should be purged of the weakling and the sensationalist, for whom the program of true science has ever proven unattractive. The goal of achievement in mental-hygiene helpfulness to the problems of human distress grows clearer with each year of serious labor.

Experience has shown that individuals cannot be educated to insight in any sphere by legislation or by whirlwind campaigns of propaganda. They are taught by the quiet persistence of simple contacts with you and me and thousands of other people who know in what we believe and are abundantly persuaded that it is able to satisfy every sober ideal committed unto it.

THE FAMILY SITUATION AND PERSONALITY DEVELOPMENT

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THE intellectual and emotional traits of the individual, which in their complex interrelationships make up what we call personality, are essentially different in the possibilities for development that they offer. With a few exceptions, the intellectual status of the child is fixed at birth and cannot be changed materially by his own efforts or those of others. Hereditary influences predetermine what general education and vocational levels lie within the reach of the individual. Environmental factors, except for malignant disease processes, can operate only within a limited scope. Heredity fixes the ultimate capacity for achievement and decides for all time whether the individual may aspire to a professional career or must be content with skilled artisanship or common labor. Within these general limitations, the experiences at home and school, the warping effects of social situations in general, may play a part in the selection of the particular vocation or occupation. One person of low-average intelligence becomes a bricklayer and another a carpenter because of economic opportunities opening differently for the one than for the other, or because of influences brought to bear upon their choice by family and friends. The highly intelligent group separates into lawyers, physicians, scientists, authors, and various other learned professions, in part according to special native abilities, but also in part according to the environmental stimuli that are brought to bear upon them. But no amount of environmental manipulation can change the artisan to the scholar unless his intellectual capacity was originally high enough for this latter achievement to be within his power.

In its emotional aspects, the personality is far more pliable. To realize to how great a degree external forces operate in shaping personality, it is only necessary to recall the studies

of the conditioned reflex by Pavlov, Krasnogorski, Mateer, and others, and investigations of the conditioned emotional response by Watson and subsequent workers, as well as the contributions of physiological psychology—with particular reference to the work of Cannon—and the mass of data accumulated by psychoanalysis concerning the origin and development of emotional reactions. These different branches of modern psychology have one point in common: they all emphasize the importance of the earliest years of life in personality development. Because so many modifications of the original emotional responses take place in infancy and early childhood, the family situation is of paramount importance in any attempt to interpret personality from a genetic standpoint.

In the controlled environment of the laboratory, it has been demonstrated that the formation of conditioned reflexes and conditioned emotional responses begins even before the child is able to walk and talk. Some of the earliest learning of the child is of a non-intellectual type, taking place at a stimulus-and-response level in connection with the visceral functions and with the emotions of fear, anger, and love. In the uncontrolled environment of the home, this process goes on as effectively as it does in the laboratory, although there are no trained observers to record it. But its significance for personality development is unimpaired by the lack of attention. Upon the way in which the emotions are modified in infancy and early childhood depend many of the personality trends that will characterize the mature individual.

Originally, according to experimental findings, the young child shows emotional reactions to a very limited number of stimuli. He fears a loud sound or the sudden removal of support; he becomes angry when his movements are hampered; he displays signs of erotic pleasure when tickled or caressed. Through conditioning experiences, in ways with which we have become familiar in the psychological laboratory, these emotions are gradually extended to include many other stimulus situations. In the intimate association with parents and other members of the family, love, fear, or anger may be called out as a result of experiences that are undergone at their hands. If some one response is continually evoked, it is likely to cry-

tallize into an habitual reaction and to color the attitude toward other individuals in the wider social group outside the home. The conditioned emotional responses are not limited to the specific situations in which they are first set up, but are characterized by the capacity for wide transference. Just as the infant in the laboratory who is conditioned to fear a rabbit without further experience transfers this fear to all furry objects, so the child in the home who has been given reason to fear some one of the adult individuals there shows the same fear toward strangers.

The attitudes formed at this early stage of life become integral factors of the mature personality. The child who is subjected to many experiences that call out the fear response develops a timid, fearful attitude toward the world. He comes into the possession of an inferiority complex, to use the psychoanalytic terminology, which dominates his personality. The final result may be either of two types: the submissive, retiring personality, which is a direct expression of a feeling of inferiority, or the overaggressive, dominating personality, which is at bottom only an attempt to escape from inferiority feelings through compensatory activities. There is, too, the possibility of a definitely pathological personality development as a consequence of the feeling of inferiority. Here the individual escapes from the necessity of facing social situations by a retreat into a neurotic state of semi-invalidism.

Quite different will be the personality trends characterizing the child whose early experiences have been predominantly those of love. His history has been of a kind to condition him to expect only pleasantness at the hands of others. He regards society trustfully and has abundant confidence in himself, because he has never learned to have any other attitudes. He readily becomes a "good mixer", friendly toward new acquaintances and inviting their friendliness in return. At school he is popular; in business relations he is eminently successful; yet he may not be any more brilliant intellectually than some of his fellows who are foredoomed to failure in analogous situations because of inferiority complexes developed in their childhood. Yet the much-loved individual, if there has been too great a surfeit of this emotion in his child-

hood life, has also within his personality potentialities for maladjustment. He may be so "spoiled" by his early experiences that he expects more than his just dues from society, and is unable to understand why other associates are not as willing to render him homage and service as were his parents.

Still another type of personality evolves in the case of the child whose treatment at the hands of his family is such as to call forth frequent outbursts of rage. He grows suspicious of all intentions toward his person and his habitual attitude is likely to be sullen or defiant. He is ever ready to resent restraint and to rebel against authority. In extreme instances, he may feel that the entire social group is pitted against him, and therefore himself becomes resistive to all the rules and regulations of organized society. When his attitude is carried to this extreme, he has developed abnormalities that may have an outcome in mental disease or in delinquency.

For normal personality development, it seems probable that all the emotional experiences of the child should be enriched within certain reasonable limits. The individual entirely surrounded by love becomes too trustful and confident; he lacks the caution that comes from a modicum of fear experiences, and the vigor to fight for himself in the economic struggle for existence which he would gain from a healthy glow of anger. G. Stanley Hall long since pointed out that anger and fear were equally with love stimulants to desirable personality traits and socially valuable activities. It was also his profound belief that no one of the emotions should be permitted to atrophy, and there seems at present no valid reason for negating this point of view. Fear, anger, and love have been so intensely a part of the life experience of almost every one of us that we naturally demand of our fellows that they display capacities for all these feelings. The person who seems incapable of fear may excite from us professions of admiration, but secretly we feel that he is somewhat peculiar; the individual who never displays any tendency to anger, no matter how great the provocation, is inevitably classed as a weakling; the human being incapable of love and devoid of sympathy and affection can never be pictured other than as a monster. For the normal personality emotional excesses and

emotional deficiencies are alike ill adapted to the demands of civilization and the standards of the social group.

Personality traits are developed not only by the conditioning of the emotional responses, but also by the child's imitation of the behavior patterns which he observes in those about him. Expressions of love, which are the usual manifestations of social approval, are dear to the heart of the child. He soon learns that he can bring these out very often by doing those things that he sees done by the adults who share his environment. Added to the desire for approval as shown in loving tones and caresses is a natural tendency to imitation, which is not peculiar to the human species alone. This double motivation incites the child to pantomime the attitudes that he sees in the parents until they are woven into the habit system that controls his own behavior and have become an integrated factor of the whole personality. The dissatisfied, complaining mother passes on to her child her own chronic discontent. The cheerful, self-controlled mother endows her child with an optimistic, self-sustained personality. By similar processes of social heredity, many different traits are taken over from the parents by their imitative children to an extent that justifies the comment of Watson to the effect that parents create their children after their own image.

There are still many persons who refuse to regard the emotional aspects of the personality as so infinitely modifiable as the foregoing illustrations indicate. Some of them are devoted adherents to the theory of the dominance of the chromosomes over all phases of racial and individual development; others cannot accept the importance of family influences upon the personality when children born and brought up in the same home, and therefore supposedly subjected to similar environmental stresses, often present such markedly different types.

No one is in a position to deny the potency of heredity, but certainly recent psychological data would indicate that we have been confused between biological and social heredity in describing the origin and nature of the emotions. Laboratory findings give relatively conclusive evidence as to the conditioning of the emotional responses through environmental influences, and clinical psychology adds pragmatic conclusions to

the same effect in citing case after case in which the personality and the behavior traits of children have been radically changed as a result of modifications of parental methods of training. On the other hand, the same laboratory studies reveal many individual variations as to the rapidity and permanency with which conditioned emotional responses are established. Many variables are undoubtedly involved, and the hereditary make-up of the individual is probably not the least important of these.

Adler focused his whole theory of the inferiority complex upon the assumption of constitutional organic defects, and felt no need of calling upon conditioned emotional responses to supplement his hypothesis. The reasonable position would perhaps be that fear responses are more readily evoked and more permanently established in physically weaker individuals, so that feelings of inferiority are indeed more readily built up in such cases, but by the method of the conditioned response. Some such middle ground as this is nearer the truth, as far as we can see it at present, than an extreme leaning to either side of the old controversy concerning heredity and environment.

Differences in the quality of the biological inheritance are only one set of factors that may offer an explanation of the personality differences shown by siblings. Other variables that directly affect the formation of conditioned emotional responses are the age of the child, the level of intelligence, the intensity and duration of stimuli, the number of repetitions of stimuli, and so forth. Within the family many opportunities for variation are afforded. Brothers and sisters are seldom treated alike, distinctions being continually made on the basis of both sex and age. Moreover, it is not the totality of the environmental experiences, but the unit situations of which it is composed—each one acting as a conditioning stimulus for one emotion or another—that shape the child's personality. Thus, a certain experience may become associated with fear for one child, and with anger for that same child's brother or sister, because slightly different circumstances enter into the situation in each case.

In the preceding pages, only a few of the many ways in

which the family situation may affect personality development have been suggested. The emotional relations with other members of the family group and the way in which they mold the personality have been entirely neglected. Psychoanalytic literature, however, has made us quite familiar with the rôle of father and mother complexes, jealousy of siblings, and other emotional reactions of a similar nature in the personality development and social adaptation of the individual. The more definite psychopathological personality trends that appear in phobias, sex perversions, and other abnormal states also offer a wide field for consideration.

Even such a limited presentation, however, demonstrates the value of the genetic study of the personality and has certain implications of significance to those associated with education. Our present methods of investigating personality are largely concerned with the results that have accrued from all these experiences of the child. The Downey will-temperament tests, the Volker-Cady character tests, the Woodworth-Cady questionnaires, the Laird personality-inventory schedules, the Allport rating scales, and other methods in the field of applied psychology give only a cross-section of the personality as it exists in consequence of these early developmental influences. They are extremely valuable for diagnostic and prognostic purposes, but in addition to these we need some adequate method of utilizing the genetic point of view for practical application as well as in the laboratory and research institute.

The nursery school, offering, as it does, the opportunity for coöperative study of the child by trained experts and parents, can well apply this genetic viewpoint to the study of personality development, for both observation and correction. But even the nursery school comes into the child's life only after many personality traits have already been established. Exceedingly superficial are the attempts of elementary schools to introduce courses for character training into their curricula, in an effort to change by intellectual precepts conditioned emotional responses which function on non-intellectual planes. The most practical use of our knowledge of personality development is in the education of parents as to the ways in which their own mode of living modifies the personalities of their

children. To be effective, character training must begin with the parents, and be carried over through them into the modifying experiences which the child undergoes in the family relationships. It is from this field of adult education that we may expect the most important results for the personality development of the child.

THE FORMATION OF LIFE PATTERNS *

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BY the term "life patterns" I mean to suggest that life tends to repeat the same story over and over again. It is like a symphony or a sonata—the same theme repeatedly recurs, each time to be developed a little differently; and then come combinations with other primary themes and with secondary themes. When one hears the final product, one is aware only of music—beautiful or discordant, major or minor, sad or cheerful, triumphant or hopeless—the sum total of a composition. The musician can analyze this for us—can single out the various themes, primary and secondary, can separate the harmonies and tell us how they are put together to give the results that we hear. He shows us that music has a pattern or a series of patterns, which are made up of harmonies and melodies and themes and counterasserting themes, *and* that unless they are put together properly, the result will be poor music.

Now the psychiatrist and psychologist are busy in the same way in studying the main themes, the secondary themes, the dominant pitch and keys, the harmonies, and the dissonances of life experience and situation. I chose music as an analogue because it and life have, in addition to the mechanical patterns, patterns that are also inspirational and creative.

When we study life and music, we discover that their totality and beauty are built upon patterns that are relatively simple; that the putting together of these patterns is an important business; that the final result is good only in so far as the original themes are good and the manipulation of them is satisfactory. Music and life, if they are fine, seem God-given miracles, but one discovers that they are fine because the parts and the ways of handling these parts are good.

* Read before the Child Study Association of America at its national meeting in Baltimore, Maryland, November 30, 1926.

If you start out with a good set of themes, but do not know how to use them properly, you can come out with a poor piece of music; conversely, you can start with fragile themes and make much of them, if you can combine them properly. Just so with life and living—you can make much of poor material and you can ruin good stuff. The way of handling the material is, after all, the important business.

Your children are, in the great majority of cases, like clean sheets of ruled music paper and correctly tuned instruments. You, the parents, are the musicians. Whether you be creative or dull, whether the result be inspirational or jazz, it is *you* who will write and play the composition; it is you who will select the themes, and it is you who will put them together. You may know nothing but jazz, and then you can write and play only jazz; you may know only sentimental drivel, and then you will create tinkling melodies; or you may know the real meaning of music, and then you will write a real sonata or a real symphony.

Your gathering together for this conference suggests your earnest desire to write real music. My point in talking to you is to get you to realize that the patterns are really simple, but that you may easily distort and twist them into dissonances if you do not keep in mind—and what is more to the point, put in practice—the fact that *you* are writing and playing the music, and that unless you know what your themes are and how you are combining or allowing them to be combined, the possibility of poor composition is imminent.

Now what are the fundamental themes with which you are going to have to work? How are they to be developed? And, finally, what are the places in which you are most frequently apt to falter and go wrong?

The simplest patterns are those with which the child is born. These are the patterns that are released as soon as the child is placed for the *first time* in an environment that calls out such a response, and they are patterns or responses that need no *training* to elicit them.

The infant cries at birth, and its crying varies in expression, depending upon whether it has been long without food, whether it is restricted in its movements, whether it was sud-

denly left unsupported in its position, or whether it has heard loud noises. These are the only circumstances, so far as we know, that will elicit crying in the early days of infancy. The crying may be stopped by feeding the child or petting it. If we wish to translate these simplest responses into the terms of adult psychology (I am not sure that it is wise to do so), we can say that the child, without being taught, cries in pain from hunger; it cries with rage when its movements are restricted; it is fearful when its support is released or when it hears a loud sound. On the other hand, it is satisfied when it is fed and its pain stopped, and its rage or fear can be stopped by petting or fondling.

These simple patterns are the child's native endowment and are the thematic units with which you will have to begin your composition—*unhappiness* with hunger, *fear* when support is suddenly released or when there are loud noises, and *rage* when the child is restricted in its movements. It can be made comfortable and happy by feeding or fondling. What is built up out of these elementary emotions of discomfort, rage, fear, and happiness will depend upon how you manipulate the environment. You will find that these principles of environmental manipulation are also simple, but that they require consistency and knowledge of the end to be accomplished. The principles of environmental manipulation are dependent upon the ready capacity of the infant to learn with amazing facility and the teaching of appropriate habits. This is an anthropomorphic way of saying that these simple responses, these unconditioned responses, may and will be rapidly conditioned by the environment in which the child lives. Whether pain responses and fear responses are frequently or infrequently called out will depend in the first place upon how often you present the cause for them, and, in the second, upon how often you allow these responses to be followed by positive satisfaction-giving stimuli—food or petting. If you feed or pet the child every time it cries in hunger, anger, or fear, it will frequently become fretful or crying or fearful. This is a commonplace of infant training to-day. Remember, however, that it has become known only within the last few years as a scientific

principle and that the untrained mother does *not know it*. It is a principle that has to be learned by parents.

The second principle that must be remembered is that casual, unrelated things in the environment soon come to have the same stimulus value (that is, can arouse one of these activity-emotional responses) just as easily as the primary or original emotion-arousing experience. For example, loud noise arouses fear; dogs that make loud noises come to elicit fear because they make noise; the fur of dogs arouses fear because it is presented to the child with noise. One can experimentally arouse the same fear of any animal, or even the child's blocks will do it if you present them with loud noise. It is the business of the parent to understand that these new conditionings are not just whimsical, inevitable things, but that the laws governing them can be readily worked out and that when chance establishes a wrong or undesirable conditioning, it must be deliberately controlled and broken up.

Now just as fear may be aroused by casual things in the environment by being presented with loud noises or at the same time that support is suddenly released, with the result that a pattern of ready fear responses can be built up, just so this pattern can be torn down and destroyed by substituting pleasure-arousing stimuli for those that cause fear.

The two-year-old son of one of my friends recently became quite frightened while watching some goldfish at the time of a thunder storm. He became so fearful of the goldfish that he did not like to play on the sun porch where these fish lived. To break down this fear pattern, the child was fed in the sun parlor, and at each meal the fish bowl was moved nearer and nearer to his table. Finally the fish were put in a dish beside his food and he was persuaded to touch the fish. The original conditioning of fear by the noise of thunder was broken down and a positive one of satisfaction was substituted through the food stimulus. This is an experimentally broken conditioning, but the everyday living of the child constantly presents situations that build up new conditionings and tear down old ones. It is important to realize that this breaking up of conditionings or undesirable patterns can be done with either desirable or undesirable methods. My friend could have offered a stick

of candy, or the child's mother could have fondled him, but in both cases these substitutions would have been building up only another undesirable pattern—i.e., crying from fear would readily become a condition of getting candy or petting. The destruction of fear by the use of the normal, natural feeding habits does not store up further trouble, but relegates goldfish once more to their right rôle of a casual bit of the environment.

As a broad principle it can be said that the general tendency of the organism is to avoid unpleasant stimuli and to get comfortable again as soon as possible. If the child is allowed to meet the unpleasant stimulus either by avoidance reactions—i.e., either by running away or ignoring the fear-arousing stimulus—or by substituting unwholesome pleasure-producing stimuli, then more and more casual stimuli come to be connected with the original unpleasant or disagreeable stimulus and an undesirable or bad pattern is established.

A little friend of mine, a year and a half old, cries whenever he hurts himself, and his mother picks him up and says, "Poor hurt!" He finds that hurts after all are not so bad because they are invariably followed by cooing and fondling. His process of disentangling himself from the things about him has not developed far enough for him to distinguish between the hurt and what causes it, so he avoids both the hurt and the things that cause them, and the chair or the table have become big hurts. A great many casual things take on the significance of "hurt", and, *let it be emphasized*, fondling. His parents are delighted with this avoidance reaction of things that might bring danger to the child; he gets much fond attention from visitors who think it a cunning trick; but the fact that a crippling fear pattern, conditioned by the most casual things, is being allowed to develop enters nobody's head.

It is self-evident that the more the pattern is builded upon the prime, simple, unconditioned responses—or shall we say instinctive responses?—the easier will it be to fix and crystallize it. During these early years of the child's life, the environmental forces working on the child, in the form of its parents' or nurse's attitudes, are apt to be purely emotionally directed. The loveliness of the child, its cunning tricks, its smiling, its pitiful helplessness, its tearfulness or pain, all

call forth from those surrounding it emotional attitudes, which, by their very nature, are not thought out or intellectually controlled. One feels grand emotions of love or sympathy or joy or delight, but they are apt to be uncritical and to be ruled by desire and feeling. The parent is not checking *his* or *her* behavior toward the infant. As a result of this uncritical attitude toward the child, who is too tiny to understand or be understood, the parents and nurses constantly bring the *same* attitudes over and over again as environment to the child, and this tends to fix the child's responses in definite patterns. What the uncritical emotional attitudes are doing to the child cannot come under control unless the parent translates the emotional attitude into a thought-out plan—a plan directed toward or against special patterns to be established.

As soon as language begins to develop, the problem takes a somewhat new turn. These *emotional* attitudes are necessarily modified because the parents can no longer excuse themselves with the feeling that the infant is too young to understand. For the infant, up to the time it begins to talk, its only mode of expression has been large body movements and elementary, undifferentiated emotional responses. But gradually this tendency to act out each response or desire (by desire I mean reaction or response to inner physiologic stimuli) by all of the body is replaced by smaller movements of parts of the body and by more refined and at the same time more complex and complicated emotional combinations. This replacement of total activity by part activity, and the substitution of word symbols for part activity, simplifies and at the same time complicates life for the child. Experience gets split into pieces and old total patterns are no longer serviceable. As a result of the processes of natural growth and development, new natural or unconditioned patterns are unfolding themselves, and these patterns have to do with the part activities and more complex emotional responses. The child begins to imitate, to distinguish between itself and the outside world, to be better able to direct the finer movements of its body, and so forth. Old conditionings fall into disuse or must be replaced by new ones, to meet these new impulses and

reactions. New secondary themes are calling for expression and old primary themes must temporarily yield. If the way is closed by a fixity of bad habits built on the primary themes, development is delayed or thwarted or permanently side-tracked.

Language, which substitutes symbols for things and their doing, greatly facilitates this process of differentiation which comes from natural growth and development, but its appearance gives rise to a serious difficulty. It opens one door, but tends to shut another. It opens the door of learning about things, their names, of getting things more rapidly through asking for them, and of getting praise for talking. Suddenly the interest of parent and child is directed toward intelligence development, and all energy is apt to go toward language and intelligence patterns. The rest of the activity of the child is apt to remain undirected and uncared for. Just so long as the child does not become a problem of discipline, little attention is directed toward what it learns to do with its hands or body, what manipulative pattern it develops in its play, or what emotional patterns it learns to use. Just so long as it does not interfere with the environment too much—or, if it does, just so that it gratifies the affection cravings of the parents—little is done to analyze the growth of manipulative or emotion patterns, and less is done toward their direction. Chance plays the chief rôle in this direction—or at least we call it chance. If the patterns prove to be wrong and resemble the patterns of the parents, we call it heredity. The parent feels sorry and sentimentally unhappy because the child is like itself—or if the pattern is very wrong, the parent feels that the child is just like its other parent.

The great difficulty is that in the growth of speech, emotional and manipulative patterns are not worked at with the same diligence and care that goes into intelligence training. The toys that are available for children to-day are a very good example of this point. You find a million variations of the same toy, but there is almost only one universal toy principle—they merely represent things in the world of grown-ups, and give the child momentary pleasure stimuli, but the child does not learn to *do* things with them because there is nothing to

be done with them. If one tries to find a toy that the child will have to manipulate to get any satisfaction, one searches almost in vain. We can give the child pleasure only by buying more of the same things. I recently went into a nursery that looked more like a toy shop than a play room. I saw cows and horses and dolls very nearly my own size, farmyards, doll houses, cooking utensils, stoves and automobiles—in fact, a model of everything I own; but the child was unmoved by this array of miniature representations. He had nothing with which he had been taught to do anything that gave satisfaction for more than one minute. I had to invent a game and then we began to use these dull things. It was the playing at *doing* that gave satisfaction.

The kindergarten movement has been a recognition of the fact that children learn to do things all too late, and that the process of systematic learning to use the hands can be started much earlier than was thought, and can be developed to a much higher point than we have been anywhere near willing to admit. Parents are apt to block their children in this learning to do things with their hands, because they think of manipulative activities as largely inherited. It is true that it comes to the same thing as inheritance because the father teaches his son only the things he knows how to do and is interested in. If the child accidentally discovers during his play that certain things win the approval of parents, then he continues on this line. A young architect is certain that his son has no capacity for manual arts, but is a potential architect because he ignores tools and works beside his father for hours with pencil and paper. It doesn't occur to the architect that if he himself were busy with tools, the child would be just as pleased to hammer and saw. The main condition that the son requires is that he be allowed to work next to his father. The child next door is busy beside his father's work bench, but is dull at drawing. Each father is flattered that his son "inherited" such desirable traits. The fact that both children are being one-sidedly trained cannot come into consideration because their fathers are spreading their tail feathers and giving praise for this one-sided development.

It is, however, the emotional and inspirational patterns that

suffer from the most flagrant neglect and these are the patterns that make or unmake the life of the child and the future adult. The principle of the avoidance of unpleasant stimuli and the seeking of pleasant stimuli gives a direction to the course of life events. This is merely to say that the attempt to get satisfaction will dominate the urge and desire of the child. The direction can be changed almost at will, but the specific direction will always be the resultant of these two forces. The ease with which these two forces can be shifted is amazing. The dog can be made to give pleasure responses to actual painful stimuli—just as some adults come to enjoy giving unhappiness to others and being made to suffer; and conversely rage responses or the arousal of fear can come from the most beneficial stimuli. I know a little girl who responds quite automatically to any move on the part of the parents, even when it is for the purpose of doing what the child wants, with a rage-driven petulance. Putting on her coat so that she can go to the park, washing her hands so that she may eat candy, putting her on her chair to read her favorite book, all call forth shrieking. She has had fixed for her this primary pattern of rage, built on her instinctive avoidance of movement restriction, and she has been so securely conditioned that she cannot be released. She now responds with rage to the very things she wants.

You all know how children can be made to accept the most distasteful drugs by proper conditioning with words and tone of voice. The use of the word, candy, can even be used to condition the child to liking bitter medicine.

We are apt to think of disposition or character as a fixed quantity and to regard the child as naturally irritable or naturally sullen, or willful, or cheerful, or daydreaming, or temperish, or affectionate. So great is this tendency to think of these modes of emotional responses as fixed that each of them is attributed to one of the child's parents or grandparents. This method of releasing oneself from responsibility is comfortable if one thinks of these emotional patterns as born in the child, but this is an unction that will soon be denied your souls, and you will have to face frankly the fact that even

if the patterns are inherited, they can still be modified and changed almost at will.

This attitude as to the training of emotional patterns is not a question of conviction, but one of experimentally proved fact. Let me give you examples of what I mean: I know a lad of three and a half, with a very calm, placid, and cheerful mother. She has so great a calm under trying circumstances that she comes under the suspicion of being callous or unfeeling, or at least phlegmatic. The father of the child, on the other hand, is very irritable, sullen when not depressed, and constantly resentful against life and his environment. He, in turn, is just like his own mother. During the first months of the child's life, the mother followed absolutely the advice of her physicians. The child was picked up only for feeding, bathing, and dressing. Her fondness for the baby did not tempt her to pet and fondle him constantly; she humorously remarked that she liked it, but she wasn't sure the baby necessarily would. He slept perfectly, gained weight as per schedule, showed healthy repose, and cried not at all. The necessary manipulations brought no tears after a short time, because they netted him no results. The father, on the other hand, although disliking any of the responsibility of the child, was quite willing to disturb him in the middle of his sleep to show him off to strangers.

Through illness the father was removed from the situation, and the training was left entirely to the mother. The child was allowed his own head as long as his activity did not interfere with his own welfare; whether he interfered with or pleased the mother was not the prime consideration. Necessary modifications of his behavior were handled in a completely dispassionate manner and decisions were irrevocable. At his third year, he was turned over to his grandmother; within a week he had two modes of emotional response—one for his mother and one for his grandmother. With his grandmother he wheedled, and then cried, to get what he wanted—but he always got it. His father's mother's whims and moods were puzzling to him, but he soon came to ignore them and her discipline. At the same time, when his mother requested or directed, he immediately responded. He vastly preferred his

mother to his grandmother, even though he got his own way with his grandmother. He was learning personal control and adjustment without unhappiness from his mother; he developed indirection and inferior patterns of avoidance through contact with whimsical sullenness and indirection in the grandmother. With a mixture of fear and glee he reported to his mother that his grandmother had broken three glasses. His mother said, "All right." "And it doesn't make any difference?" he asked. To which his mother answered, "No." The child had learned another lesson in calm depersonalization of the inevitable. His mother clearly realizes that a danger lies in a too calm acceptance of the world; she has been urged not to overstress this in the child because she has the quality developed to an undesirable point. ✓

Another lad of three and a half had a mother who had been petted and spoiled by her own mother, but was denied petting and spoiling by her husband. In her revolt against this in the first years of her marriage, she made her child pay the price of her affection deprivation. She kept him with her constantly and gave him the fondling she was denied. When the father protested, she merely felt that it was more cruelty and attached the child the closer. He came to be so dependent that nothing gave him any satisfaction that was not done at the end of her apron strings. When any attempt was made to get him to do things by himself, there were tears and unhappiness. This became so marked that the mother suddenly became alarmed and agreed to follow the father's advice. The child was to be alone for one hour each day. For the first twelve days, this plan resulted in an hour of weeping or raging. But finally, on the thirteenth day, came calm and a turning to toys without further ado. When the primitive patterns of tears and rage proved no longer a serviceable method, the child substituted what was at hand. To-day he is alone or with other children most of the day, but the original pattern of tearfulness has to be handled in summary fashion to prevent it from becoming fixed again. ✓

This tendency to react with tearfulness and depression after the deprivation of satisfaction is a dangerous one and tends to become more and more easy to set off. The development of

the learning business is never stationary. All forces that do not break down habits tend to fix them. Habits are more and more readily released. That is what we mean by habit—it no longer requires a stimulus of as great force to release the behavior pattern the tenth or one-hundredth time. The oftener the pattern is repeated, the more readily it is set off. There is a tremendous danger that moods of unhappiness in the child will be sentimentalized by parents, especially if they have this mode of response in themselves. For the average person, no explanation is required for depression. He accepts it as inevitable and takes no responsibility for it. It is true that once the pattern of the easy arousal of unhappiness is established, circumstances will arouse depression quite automatically and the duration of the mood is apt to be fixed. But neither the automaticity nor the duration of this depressive pattern is a fixed and crystalized pattern in the child. The parent takes it for granted that for the child depression has the same meaning as it has for himself; whereas the child is only using a modification of the original simple patterns connected with hunger and loud noises and loss of support. Break up these patterns by making the child pay a bigger price than he has paid. If he is tearful and unhappy, let him go to his room, where he can get none of the satisfaction of seeing the environment unhappy with him. Do not let depression and tearfulness be a signal for cajoling and petting. Make your disapproval last beyond the period of his unhappiness, so that the child will learn to avoid the situations that will lead to unhappiness; but do not allow your own emotional reaction to get mixed up with his. A wise parent, with consistent good humor and cheerfulness, can almost always substitute smiling and good-humored reactions at the first sign of unhappiness, so that the depressive pattern never becomes conditioned in the child at all. Parents are all too prone, however, to make no effort to summon cheerfulness when they do not actually feel it. The parent should behave toward the child not as he is, but as he should be. Irritability and depression may be part of the adult's equipment, but he has no right to make them part of the child's.

One of the most frequent causes of the development of

emotional maladaptations in the child is that parents are so involved with their own difficulties that all the direction of the child goes into avoidance only of the things and situations that have caused them—the parents—unhappiness and pain. Where they have been rigidly and perhaps tyrannically controlled, they give too much laxity and freedom to their children. The father who was ruled with the rod resolves that his child shall never be whipped under any circumstances. The parent who has suffered much unhappiness tries to spare the child all unhappy experience and to guard it against even necessary pain—the pain that is requisite if the child is to learn how to handle pain. The child may be so protected through the desire of parents to give it the things that they did not get in youth that it has no chance to learn the mechanism of combating immediate desire, and, on the other hand, to develop patterns to guard itself against disappointment. With the process of spoiling there comes a period inevitably when discipline must be impressed, and then the child has only its primitive patterns to use—rage or the unhappiness of tears. The indulgent parent is apt to yield before these things because he has been trying to save the child from these very reactions; then depression or rage accomplishes its purpose and the child is caught in a vicious circle of constant desire with impotent rage or depression and unhappiness over necessary deprivation.

There is another pattern to which I wish to direct attention and that is the tendency to allow satisfaction to come to the child through uncontrolled imagination which does not go into some form of concrete activity. The play of the child affords the normal mechanism of release for this imaginative activity, provided it is taught and trained to turn to things and independent pursuits and is given sufficient emotional freedom from its parents to be able to turn to these activities. If it does not know how to use its hands to do things, if it has no technique for playing with other children, if it is refused outlet by too rigid insistence upon decorum, then the danger will be that the child will use its imagination for daydreaming and building air castles, and will begin to live in a world of its own creation. Reality will have no chance to check fantasy

because the child will have no technique for dealing with it; satisfaction will come out of self-aroused fantasy and translate itself into a dangerous kind of inactivity and rumination.

The play with other children, which can be turned to such excellent purpose through extraverting the child, can take place only if the child is emotionally free to like other children. If all of the affection responses have been tied up to the mother or nurse, it is not free to like other children and accept the give and take that comes with normal human contact. The over-fond mother is apt to do everything for her child and to make things come true for him or pretend that they will come true. When concrete situations confront him, he will turn to the mother for help, and what at first was done with the mother's aid—that is, pretending that the things he wants will come true—will be done by the child alone. He will imagine that they are true. This pattern may result in paralyzing inactivity or in even more dangerous maladjustments when it comes to handling sex and adult-affection problems. You cannot save your child from life by pretending that it does not exist. If you let him live long in an imaginary world, when he meets the real world, he will have to withdraw into more fantasy or be miserable and unhappy. The breaking of this type of pattern has its solution in the substitution or forcing of concrete manipulative activity and an insistence upon turning feelings and fantasy into concrete thinking and words. Find out what the fantasy life of your children is; see to it that there is an adequate amount of balancing concrete play; force the child to put its wishes and daydreams into words, so that they can be measured against your standard of reality and the reality of the world in which he is going to live. Do not let him put you off; tabooed subjects are easily disposed of by "I don't know"; but the child has his own ruminations about them and your only hope of safely directing these ruminations is to keep them open and out in the world of concrete facts. Do not behave like an ostrich and refuse to believe in this fantasy-ruminating tendency of the child because he denies that it exists. It is always there and may be developing in dangerous ways before you realize. Make him use imaginative activity as a guide to more con-

crete activity. Try to limit fantasy by the possibility of its accomplishment. Let him pretend only so far as he can carry pretence into play, and play with other children. Use fantasy to give him an idea of future pleasure, so that he may learn to put off the desire of the moment for the accomplishment of greater happiness at a future date. He will then learn that there are long-run satisfactions in life as well as immediate satisfactions—that the rejection of the immediate is a condition of future happiness. His imaginative rumination is then being used as a method of discounting the present temporary dissatisfaction. This is the way to form ideals about life and experience. You again must make him learn that there is a to-morrow and that only by control to-day can the to-morrow be made satisfactory. Do not be driven by the present-day misconception that your child must know just what you are and all of your mistakes, and that control—or as you glibly call it, repression—is dangerous. Let him keep as ideal what you would like to have been and do not be afraid to teach him self-imposed discipline. Life can be lived satisfactorily only through self-imposed restrictions.

BEHAVIOR DIFFICULTIES OF CHILDREN *

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BEHAVIOR may be regarded as an individual's sum total of reactions in living. It is obvious that behavior is not the equivalent of delinquency. Behavior may be so good as to become pathological. Behavior is activity in relative degrees. Whether it is esteemed good or bad depends upon the standards that obtain in the community, the home, or in the minds of individuals.

Standards of behavior show tremendous variations, in response to differences in climate and population, in agricultural and industrial centers, in intensely religious and irreligious communities, and in various economic and social strata. Even the standards of behavior of one individual are not always constant; there are manifold variations, depending upon time, place, and circumstance, in so far as they effect and concern the individual's own welfare, desires, and happiness. The social standards of a community may be relatively fixed and may be expected to hold for all the elements that make up society; nevertheless, individual standards may be out of harmony with the social standards and thus may lead to variations in behavior that are viewed as contrary to communal comfort and welfare.

Throughout the history of man, stress has ever been placed upon the importance of the individual's conformity to social traditions, conventions, and mores, and these have always involved parental or social desires and habits. All tendencies to vary from the mold of the age have been viewed askance. Every occasion or idea that violated general custom has been deemed asocial or antisocial and has been penalized accordingly. The social variant is always viewed with suspicion,

* Read before the National State Conference of Charities and Correction, Buffalo, November 17, 1926.

whether he voices views contrary to existing governmental standards, advocates pacifism during a state of war, attempts sabotage, violates speed laws, obeys the prohibition amendment, or commits burglary or homicide. In the last analysis, however, it is the courageous variant who makes for change and progress within the family, the community, and the nation.

Despite differences in the opinions of adults concerning the world and communal living, the onus of adaptation to conformity is placed upon children. They should conform and become what their adult parents and the governing social body regard as patterns of excellence. But children, in their strong individualism, desire to be themselves, without endeavoring to secure a *modus vivendi* that will enable them to secure satisfaction and happiness, even though it may result in conflict with their elders. The behavior difficulties of children are, therefore, symptomatic of disharmonies that arise primarily within their own bodies or as a result of thwarting factors in their environments. While my title is *The Behavior Difficulties of Children*, the major behavior difficulties of children are such that a fairer title would be *The Problems of Children Incident to the Behavior of Society*.

Most of the problems of childhood are conditioned by the behavior of adults, either singly, in groups, or as society; the child's clashes with the world-as-it-is make up his problem as well as that of the community into which he was born. In contemplating the so-called problem child, one must recognize that children consciously and unconsciously challenge social institutions, and in a manner that eventually may improve our social standards and mitigate the situation that, to-day, is so frequently called "the revolt of youth". The importance of the problem is due largely to the increasing consideration that is being given to youth, rather than to a conscious effort on the part of children to focus the world's attention upon themselves. They are in revolt only because society describes them as being in revolt.

Admittedly, the first conditioning factors in behavior are found in the individual organization of children. Their somatic developments, whether due to inherited or acquired influences, profoundly affect their ability to make adjustments.

Disturbances of the endocrine organs and deficiencies or diseases of the nervous system are by no means the only elements that merit attention. The child's size and weight, beauty or ugliness, grace or awkwardness, help to determine his capacity to meet the realities of life.

Intellectual capacity, as affected by congenital and acquired factors, is recognizedly a factor that must be taken into account in evaluating and interpreting all forms of behavior. At the same time one should remember that the intellectual outlook, the capacity for analysis and synthesis that enters into judgments, is conditioned by educational experience, training, guidance, and direction of various kinds.

The emotional elements that enter into character consist of inherited trends and types of reaction acquired as a result of experience in life. The sweep and urge, the intensity and duration, of emotional stimuli are of profound importance and of greater influence than the intellectual status of children in determining the nature of their behavior patterns.

These three elements are to be regarded as largely organic. They are involved in the structure of the child and in the essence of his being. There are functional phases of activity, however, that arise through living and that are manifest in both the physical and the mental life. They arise from accidents and disease, from maladjustments in homes, schools, and vocations, and cause responses that seem to indicate inadequacies in character, when in truth they represent inadequacies in environment.

During recent years, there has been a tremendous development in the field of introspective psychology. The internal life of the individual child has been overstressed. The mechanisms of complexes and conflicts have become popularized to a point where they seem to have displaced attention from the setting of the child to the child itself. Freudian metapsychology, in its assumptive development, has made the individual too largely the center of his world, without a general recognition of constructive values and the necessity for social cohesion. The psychological approach through introspection and associations has all too frequently neglected to place adequate emphasis upon social responsibility for individual

achievement, success, and happiness. Even the Adlerian doctrine of constitutional inferiority fails to give full credit to the force of social pressure and regulation upon behavior trends. The "being" and "doing" of a child are regarded as equally essential, and the "doing" depends upon the environmental factors and pressures that are in contact with the "being" and influence it. The social phase of existence conditions even the biological growth and development of children, and this in turn affects the socialization of the individual.

The behavior of children cannot be regarded as due entirely to internal causes, even though in the last analysis their activities may be conditioned by physical and chemical reactions. It must be recognized that children enter into a world of unsolved problems—problems unsolved by adults. And they begin life with a social heritage far in advance of that of their own parents during childhood. It is natural, therefore, that because of these variations in heredity and background, many opportunities for parent-child friction should appear. The nature of children has not changed, nor has their behavior altered much more than that of their elders. The behavior problems that give concern to communities to-day are, generally speaking, those that have always existed. The modes of juvenile expression are affected by the potentials of their age and generation. They are subject to the influences of the sentiments, opinions, experiences, and ideals—as exemplified in theory and practice—of the generation into whose world they have been born. The whole world has changed and man's ideas and ideals have changed with it. It would be strange indeed if children did not share in the manifold influences that arise from urbanism, industrialism, increased leisure, political equality, and increased economic independence for women. One needs but think of telephones, radios, automobiles, cinemas, delicatessen shops, boot-legging, cabarets and jazz, electricity and transportation, improved roads, altered conditions of housing, room congestion, larger educational opportunities, popular psychology, increased service to children through milk stations, medical inspection of schools, pre-natal care, nursery schools, vocational guidance, and child-guidance clinics. These are indicative of social

factors that profoundly affect every age of man and that have altered his ideas, judgments, principles, and ideals. If this be a jazz age, it was not made so by children. It represents, however, a distinct era, possibly one of transition, wherein the old appear younger and the young appear older, and neither generation understands itself or the other. It is natural that a new type of behavior difficulty should arise under such conditions, although it is exceedingly doubtful whether there has been an actual increase in juvenile delinquency.

In the course of the development of modern penology, involving the juvenile court, probation and attendance officers, and truant schools, it was natural that the greatest attention should have been given to the problems of correction, particularly in so far as they affected delinquents. Considerable emphasis has been placed upon the importance of an individual adjustment, but there has been no lack of consideration of the value of an altered environment to make this possible. A further shift of attitude has laid stress upon a preventive service, which is now held to be the most promising. The major emphasis is being placed increasingly upon the social factors that affect the individual. Although adequate attention is still paid to the inherent structure and function of the individual, there is a greater appreciation of the stimulating and thwarting factors to be derived from environmental adjustments.

In social work, as in all other forms of human endeavor, there is a tendency to fix upon a single cause as responsible for a situation. Therefore, in considering problems of juvenile delinquency, one notes all too frequently suggestions for correction and cure based upon the assumption that a single line of attack will operate to eliminate delinquency. There are protagonists of "more religious teaching", "more severe punishments", "more character training" in the schools, as if these could in any sense be regarded as cure-alls. Life's activities depend upon the action and interaction of numerous elements that operate concomitantly. Occasionally there may be consecutiveness of certain factors, but rarely is one dominant to the exclusion of all the others. What a child is, where he is, and with whom he is, are at least three elements that

are ever-present. His internal machinery does not function uniformly at all times or under all circumstances; it is no more fixed and absolute than is the external world. The very multiplicity of variables involved in living contraindicates the advisability of considering juvenile behavior save in terms of the totalities of existence and experience. In order to appreciate the importance of this point of view, it is necessary to consider some specific factors to which have been attributed unusual potency in the causation of types of behavior that vary from accepted parental and communal standards.

From a practical standpoint, heredity has been overstressed. If the influence of heredity and environment are equal, one must assume—indeed one knows it to be true—that the inherited potentials are modifiable by social culture. If heredity is a dominant primal force, responsibility for behavior is absolute and belongs to one's ancestors, and the possibilities of training are visionary. Much progress has been made away from the Lombrosan doctrine, and there are few to-day who believe that there exists a criminal class, biologically predestined to produce other criminals. Therefore, in our studies of the behavior problems of children, we must not be prejudiced by family histories. Specific judgments concerning juvenile character cannot be based upon familial records, whether they be such as the Jukes or Lees, the Kallikaks or the Edwards, the Pineys or the Adams. Family records are not a safe basis for predicting the successful cure of juvenile misbehavior or delinquency. Nor, indeed, are they to be regarded as certainties in prognosticating the prevention of behavior disorders. The problems of heredity merit consideration in connection with various other factors, but they should not determine judgments favorably or unfavorably.

In the recent enthusiasm for demonstrating Nordic supremacy, facts and figures have been utilized in a bizarre manner. Nationality is not as important a factor in relation to delinquency as are the local conditions under which various nationals live. Statistical statements regarding delinquents and criminals by nationalities vary in different sections of this country. There seems reason to believe that more serious

behavior problems arise among the American-born children of immigrants than among children of native-born parents. Even this fact, however, cannot be deemed due to differences in nationalities or racial stocks, but must be interpreted in the light of differences in the ideas, practices, intelligence, economic status, and social ideas of the new and the old generation, particularly as emphasized by the marked differences in the opportunities available for the parents as compared with those offered to their children.

For many years interest in the physical welfare of children has led to an overstressing of physical handicaps as causes of misbehavior. It is true that in a certain proportion of children the physical state contributes to a sense of inferiority, which is overcompensated for by antisocial activities. Speaking in general terms, however, the behavior problem, slight or serious, cannot be catalogued under specific forms of physical deficiencies. The well-behaved and the ill-behaved are not demarcated by physical defects. It is necessary to improve the general health of all types of children. Whatever adds to their general physical well-being should enhance their opportunities for satisfaction, increase their vitality, and build up their capacity for self-direction. The striking fact remains that the proportion of physical defects, in general and in specific forms, is practically identical for delinquent children and for those of their same age and sex in the general population. One must recognize the important distinction between the co-existence of physical defect and misbehavior and the relation of cause and effect. For example, great importance has been attached to malnutrition and underweight; from the standpoint of delinquency, overweight and overheight and premature maturity appear to be more dangerous for children than underdevelopment. And this condition of hazard is especially marked among girls. There has been a great furore over the endocrinological explanation of behavior problems. While at times endocrine disorders may initiate emotional distress, or condition small size, weakness, and fatiguability, they must not necessarily be accepted as the actual and sole cause of aberrant behavior. A disorder of the thyroid gland may be coincident with undesirable conduct and

may add to the difficulties of the situation, but it must not be assumed that every child who lies, steals, forges, or participates in sex offenses is suffering from overactivity or underactivity of the ductless glands.

Adolescence, with its period of rapid growth, its new impulses and ideas, its desire for adventure, and its struggle for self-sufficiency, presents what might be termed a physiological opportunity for social conflict. Numerous instabilities in the physical, intellectual, emotional, and social realm render the adolescent period one that calls for careful judgment and guidance. Failure to attune the life of adolescence to the vibration of the adult age results in numerous disharmonies. It must not be forgotten, however, that in the adjustment of adolescent children, it is exceedingly important to hark back to earlier childhood for an explanation of many of the phenomena allegedly due to adolescent development. Adolescence is more than the summation of infancy and childhood, because much of past experience is subject to revision in the light of the developing reproductive system. The process of transformation from childhood into youth carries with it ample occasion for dependence, thwartings, feelings of doubt, suspicion, distrust, cravings for excitement, adventure, power, success, dominance, and independence. Out of such inner forces may arise unwise action, undesirable behavior, delinquency, and crime. All these factors arise in the midst of living and are conditioned and modified by a great variety of social influences.

It was a simple matter to explain delinquency and misbehavior during the time when an intellectual determinism was accepted by the world at large. For many years feeble-mindedness served to account for delinquency and crime. Recent studies indicate that although feeble-mindedness, mental dullness, psychopathic personalities, psychoneuroses, and the epilepsies may enter into misbehavior, they must not be regarded as the sole factor. Healy and Bronner found that 72½ per cent of the 4,000 delinquents and criminals whom they studied were normal. This careful study of the intelligence quotients of children with behavior problems and major or minor delinquencies reveals that the growth of their intel-

ligence is practically normal and similar to that of non-delinquent children. Indeed, it must be recognized that normality of intelligence depends to some extent upon where one lives. The same child presents relatively different functioning levels in terms of his inherent intellectual capacity under rural and urban conditions. It seems probable that the opportunity for successful reformation is best among children in the higher groups of intellectuality. The reason for this is obvious when one realizes that those with the lower intelligence quotients are subjected to greater emotional strain because of dissatisfaction with school and poor adjustment in classes, or are suffering from special disabilities which subject them to constant thoughts of failure and futility and against which they react to secure pleasure and satisfaction upon their own intellectual level. There is, at the same time, ample evidence to show that intelligence cannot be regarded as a dominant influence in the formation of character. Studies of delinquents, criminals, and other children on probation give evidence that the practicability of success in life is not highly correlated with degree of intelligence. The mere fact of mental dullness or deficiency, therefore, need not be deemed the cause of behavior disorders, although it is a factor to be considered in the relationship of the child to his social setting.

Frequently mental disease is suspected in behavior cases, but even this need not constitute a preponderating factor in their causation. Emotional conflicts underlying neurotic expressions and antisocial activities are not responsible for a high percentage of misdemeanor, delinquency, and crime. Emotional disturbances in children are far more significant than intellectual capacity. The emotional disorders that enter into misbehavior can be evaluated only in terms of the relationship of the individual child to others. Most vital emotional reactions are born out of social relationships. The exact extent to which external forces are responsible for mental disease has not been adequately determined, but whatever effect they may possess, it is evident that social circumstances must be considered in estimating the possibilities of mental disease, when behavior trends vary considerably from the normal pattern.

I am viewing the child as a sort of protoplasmic planet, constantly revolving about its own axis and traveling over an orbit that passes through the social system. New pulls and pressures, altering with the increase of the child's mass and with the different groups with which it finds itself in relation during its course of life, profoundly affect its activity. The child has its own universe and in it is subjected to forces that are not identical with those of another child in another universe. The individual and his environment are in constant interaction and reaction. He modifies and interprets his environment and may make it appear to be what it is not, and in turn the environment may press upon him in such a way as to make him believe that he is what he is not. Both influences may lead to types of thought and action that are not conducive to harmony in living.

Social welfare and interests are now concerned with broad problems that bear directly upon juvenile behavior. The greater attention to prenatal care, the provision of more expert obstetrical attention with the constant decrease of birth injuries, municipal campaigns for the reduction of infantile and juvenile morbidity, and the introduction of safety-first campaigns are actual factors of value in reducing delinquency. Whatever public or private work diminishes injuries at birth or lessens crippling, blindness, and deafness, raises the potentiality of childhood for attaining and retaining harmonious activity. Every improvement in the educational system that promotes an elastic curriculum and introduces special classes to meet the particular needs of the largest group of children promotes juvenile equanimity and comfort and diminishes tendencies to seek happiness through misbehavior. The numerous schemes for the education of parents, for the provision of intelligent supervised recreation, for promulgating proper habits of meeting life adequately during early life, decrease the likelihood of later aberrations in behavior. Society is undertaking many improvements in its own technic of attacking the problems of children, without, however, always being conscious of its far-reaching importance in the field of mental hygiene and the prevention of antisocial conduct.

One social institution has come in for more blame than all others. The home is constantly berated for its shortcomings and is held to be responsible for the attitudes, opinions, judgments, and actions of its children. Yet in the last analysis it must be admitted that society itself is responsible for the present status of the home. No one denies that the home has changed materially and spiritually. Everything that is in the home, animate or inanimate, has been modified through the advance of our levels of civilization and our standards of living. To-day the home possesses little of its former binding qualities. Its educative, character-building resources have largely disappeared. The home reflects the modifications of the principles, standards, and ideals of society in general. It is because of the transformation in home life from earlier standards that critics are wont to attribute to the home the major importance in a movement for the prevention of delinquency. There can be little doubt that only a small proportion of actual delinquents come from homes that can be described as fit and adequate.

If a large proportion of behavior problems arise in broken homes, the social responsibility is to be found bound up with our problems of divorce, desertion, and death. These are social problems from which children suffer, but for which they cannot be held responsible. If the broken home is an important factor in juvenile unrest, discontent, dissatisfaction, and unhappiness, these problems can be met only through social activity. There is great need for a careful study of the social causes that occasion broken homes. Social studies are also necessary in the field of industrial accidents and diseases, the laws and standards for marriage and divorce, the value and use of foster homes, orphan asylums, nurseries, and similar institutions. The behavior problems of children must be studied in the light of such facts as patient investigation will reveal concerning these contributory factors.

Low home standards are not necessarily attributable only to poverty. Wealth does not prevent the possibility of a standard of family life that is too low for the normal, natural, constructive guidance of children. It is important to recognize that among delinquents there is a reasonably normal

curve of economic status, comparable with that of the community at large. The behavior problems of children are as common among the rich as among the poor, but the former, by reason of their means, social standing, and influence, can usually provide better care and protection for their erring children. To this extent, at least, poverty militates somewhat against success in reformation within the home. But is not poverty itself a social problem? Is there not need for a careful evaluation of wages, occupation, housing, health, and life insurance, as well as alcoholism and drug addiction, as social elements that contribute to low home standards? Here, again, children are certainly more sinned against than sinning. Further, there can be no assumption that because of family means, the intangible qualities of the home are of an adequate type. Parental interest, affection, solicitude, and respect for children may be as lacking in one form of home as in another. Marital conflicts, harshness, anger, sarcasm, brutality, and parental superiority and dominance are as prevalent in one group of the community as in another. Knowledge of child guidance and direction cannot be presupposed on the basis of greater material resources. Low home standards are again a responsibility of society.

Loud are the protestations against the diminishing of parental control. Just as the behavior problems of children are deemed important, so must the behavior of parents toward their children be recognized as an effective influence. Unwise speech, undesirable patterns of action, disregard for law, tempers, impatience, and a lack of faith in the children are profound factors in lessening parental control. One recognizes the social influences that arise when both parents are engaged in industry, when the family is too large, when there is parental frailty or mental disease, when fears and illnesses pervade the home. Society cannot be blind to its responsibilities for engaging in the important service of training for parenthood. In schools and colleges, as in social centers, there is a need, and to some extent a demand, for courses in parenthood. The social attitude toward children calls for greater respect for them as personalities and will not allow them to be regarded as without sense or as immature beings

lacking all capacity for self-adaptation. And the social responsibility is increased when there is an effort to secure relief from oppressive home conditions by placement in foster homes or institutions. There is every indication that the present changes in society will call for a larger measure of direct attention to this problem, because the extension of greater freedom to husbands and wives must necessarily lead to the taking of greater freedom by children. And their behavior will reflect their situation.

It is apparent that the changes in the home are leading to marked reactions which arise from the nature and influences of companionships. Dynamic activity may be guided, but it reacts unfavorably to continued thwarting. Difficulties in companionship arise at all ages. Children are not equally endowed with social temperaments. Their social habits are to-day a matter of greater concern as the importance of early training is stressed, and it is for this reason that nursery schools are deemed advantageous. Communal responsibility has led to the formulation of recreational programs, the establishment of playgrounds, and the development of numerous types of activity, such as Boy and Girl Scouts, that are designed to harness juvenile energy and direct it into socially constructive channels. The school and the church may become more effective through the humanizing of their attitudes toward children, thus eliminating many of the misunderstandings that affect disadvantageously the attitudes of the young. Education for and in companionship can arise only through companionship, and the social value of the interplay of the young becomes of paramount importance in creating and fostering behavior standards that do not run counter to social gain.

Among the behavior difficulties of children none occasion greater concern than those connected with sex, and this holds particularly true for girls. The fact is frequently overlooked that the origins of juvenile sexual offenses date back to early childhood. Sexual investigation, occasional sexual episodes, and auto-erotic sexual practices may give rise to behavior difficulties, particularly during the adolescent period. The specific development of youth under the urge of evolving

sexual maturity causes tremendous variations in emotions, ideas, and standards of conduct. The instabilities of the adolescent create a period of special peril. Sex problems, as such, are attributable to the ostrichlike policy of ignoring the importance of sex as a factor in behavior. Social programs call for a wider sex education with freer recreational adjustments and definite efforts to capitalize adolescent power and enthusiasm into normalizing occupations and stabilizing interests. The frankness and honesty of the present generation must not be regarded as evidence of hypersexuality, immorality, or indecency. There has been a general decrease in social rigidity concerning sex. The alleged revolt of youth is no greater than that of the revolt of adults against traditional views on marriage, divorce, and the companionate. The ideas of the present generation concerning sexual activity as an instrumentality for pleasure have been gained from the patterns of their elders, as evidenced in popular psychology, discussions of birth control, current realistic literature, and the dramatic reactions against the happy plays of recent years. The records of juvenile courts and child-guidance clinics bear ample evidence to the social influences that have affected to a large extent the thinking and the acting of the young, and have been responsible in part for many behavior difficulties which are not always sexual in their mode of expression.

A frank consideration of the behavior difficulties of children indicates that the difficulties and the children are in harmony with the general social alterations of this era. The children are in a state of social transition, as is the adult population. Such social factors as urbanization, mechanization, industrialization, and restrictive legislation have created a variety of pressures which affect our whole present generations. Youth seeks to achieve recognition, power, dominance, and independence. It dislikes relinquishing all that makes for its own satisfaction, and in this respect young people do not differ from adults. All children are primarily individualistic, undergoing a process of socialization. Their heredity and physical organization are definitely individualized; the problem of each child, therefore, calls for an individual solution.

Their mode of living, the personalities of their parents, and the characteristics of their recreation, homes, and environment have particular qualities that need careful study for their effects upon developing characters. The personalities of children are individual; the causes entering into their development are multiple; the characteristics of their behavior are, therefore, tremendously varied because of the multiplicity of the causes constantly at work upon each complicated being.

Numerous theories have been advanced to explain behavior difficulties. It is safe to say that, in essence, each theory has some grain of truth, and that all of them are inaccurate and inadequate as exclusive explanations. All programs for the prevention or cure of behavior difficulties that are based upon the idea of a single causation are futile, misleading, and wasteful of time, money, and effort. There are numerous special pleaders for various methods of controlling behavior difficulties; there are advocates of pain and fear, kindness and religion, medicine and gland extracts, segregation and sterilization. In view of the variations among children, physical, intellectual, and emotional, it is obvious that no single method can be a panacea.

An intelligent approach to behavior difficulties means more than a physical and psychological examination of the child. It calls for an evaluation of the child in his social setting. Investigation of the life history of the child, not as an isolated individual, but as a biological social organization, is imperative. Until society recognizes its own degree of participation as a factor in behavior difficulties, the most adequate approach to this subject will be delayed. Character is Protean and, like Proteus, is constantly pursued and in process of change. The main behavior difficulties of children are largely those of society and due to social activity and to social inactivity. The difficulties of behavior that so frequently end in delinquency must be attacked while the child's habits and character are in the formative period. The preventive phase is of paramount importance and calls for early service to the young, when they are most plastic, most suggestible, and most responsive.

A STUDY OF THE PERSONALITY MAKE-UP AND SOCIAL SETTING OF FIFTY JEALOUS CHILDREN

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IN approaching this study of jealousy in children of pre-school age we have given particular attention to the personality make-up of the jealous child and to the social environment in which he happens to be placed, our aim being to draw some conclusions as to the fundamental causes of this reaction—whether there is a definite “jealous personality” or whether the reaction is set up as a normal response to the accidental or deliberate stimulus received from a given environment. Also we wished to study the effects of jealousy on the child’s attitude toward life in general.

It is not our intent to consider treatment at any length, but we are led to feel that every effort should be made to guard against situations that may cause a passing jealousy to become fixed or exaggerated. In presenting this material we will give a brief definition of our conception of the term jealousy.

Jealousy is described by McDougall¹ as an instinctive reaction induced by interference with a loved object, a third person always being necessary to bring this about by coming between a person and the loved object and drawing off attention and interest. He considers envy as separate from jealousy, its basis being an affront to the self-regarding instinct and having to do with desire for power, possessions, and position.

On the other hand, Shand combines feelings of jealousy and envy and believes that they arise from the same instinct. “Jealousy springs from sexual love, but sexual love cannot be separated from self-love with which it constantly interacts, and it is due to the desire of self-love to possess certain things

¹ *Social Psychology*. See bibliography at end of article.

exclusively for self, such as women, power, or reputation, that jealousy principally arises. . . . The loss of possession to which jealousy refers, or the failure to obtain it, is of such a nature as carries with it a lowering of man's self-valuation. Therefore humiliation, concealment, and shame follow."¹

For the purposes of this study, jealousy is used in the meaning of Shand—that is, jealousy and envy are not considered as separately induced reactions.

From observation of the children studied, it would appear that in almost every instance there is interference with a loved object and also that these same children demand a full share of all the possessions and privileges accorded to the one who is the interloper.

Jealousy appears as a common reaction in childhood, often carrying with it serious difficulties in adaptation and even tragic results. Addington Bruce says, "Never delay in combating repeated manifestations of jealousy, to make sure of preventing possible acts of extreme violence, subtle distortions of character that may persist through life, and neurotic mal-aides of gradual or rapid development."² We have only to read the daily paper to see the results of ungoverned jealousy in adult life.

It may be well at this point to cite a few instances of what we regard as jealous reactions in children. A little boy of four who for his short lifetime had been the center of his father's attention was thrust aside by the birth of a new baby. Now when his father shows any interest in or holds the new baby, the older child sits quietly by with his eyes brimming over with tears.

A girl of two years and four months is devoted to her mother and resents her father's demonstrations of affection for her. If he kisses the mother first on leaving home in the morning, the child refuses to kiss him, only relenting when bribed with candy.

Again, a boy of four years and three months was delighted with his baby sister until one day when he saw his mother cover the baby with a blanket which had always been his own

¹ *The Foundations of Character*, p. 258.

² *Handicaps of Childhood*, p. 115.

property. Since then he has been violently jealous and cannot be left alone with the baby, as he has been found "sitting on her and pounding her"!

Another little girl at eighteen months is so jealous of her father's attentions to her mother that she has been known to attack him for simply laying his hand on his wife's shoulders as he passed near her.

Many situations of this sort are known to us at the clinics. At the end of this paper three case studies will be given in detail.

The case histories that form the basis of this study are those of children attending the habit clinics in Boston. The ages range from one to six years; the children come from varying social and economic levels and racial groups. The families of some are already known to ten or more social agencies, while others come asking advice for the first time.

Records have been taken from the clinics operated by the Community Health Association of Boston, and from those under the State Division of Mental Hygiene. As one person, Dr. Douglas A. Thom, is director of both groups of clinics and as the two staffs meet jointly, the social histories and clinic procedure are uniform.

Fifty cases have been studied, selected on the basis that jealousy is one of the symptoms present.

The data obtained are shown in the tables on pages 61-62, compared with data obtained from 100 cases, taken chronologically, from five separate clinics in the city. In this way different racial groups and economic levels are represented.

As used in this paper, certain words and phrases have the following meanings:

Disturbances of sleep include every form of restlessness, from tossing about in bed to dreams, sleep-walking, talking, and night terrors.

Food capriciousness includes lack of or finicky appetite, refusal to eat or demanding to be fed, and vomiting or regurgitation if forced to eat.

Temper tantrums include uncontrolled outbursts of temper, kicking and screaming, and breath-holding spells in which the child may become cyanosed and simulate a convulsion.

Special attachments denote an undue dependence on one parent or some other adult, the child refusing to allow the object of attention out of his sight and resenting care from any other source.

Lack of training and discipline includes lack of any constructive plan of discipline, failure of parents to agree in method and to back each other up, and uneven discipline—punishment on one day for what will be permitted on the next.

Home divided by friction may mean family quarrels over trifles, disagreements over the training of the children, or fundamental marital, religious, or racial differences.

Neurotic parents include those who glory in their “nervousness” and many physical complaints and who “can’t stand” normal childish activity because it “gets on their nerves”.

The following are some of the interesting points brought out in the study:

Sex: It is a noteworthy fact that two out of three in our group of 50 jealous children were girls. In order to check this figure even more closely than by the 100 cases of non-jealousy, a count was made of the first 500 cases referred to the clinics. The boys and girls in this group were found to be evenly divided. A question may here be raised as to whether the reason for this large proportion of jealousy in girls has a deep biological basis or whether the social environment of the boy is such as to arouse feelings of jealousy less often. Unquestionably with some races the home life is built up around the boy, particularly the first-born, and all give way to his will and pleasure, whereas the girl has no standing in the family group and is given no consideration.

Age: Our largest number of jealous children fall into the three-to-four-year age group. According to Kirkpatrick's suggestion of various stages in the development of a child, we have at this age a personality emerging from the age of imitation and socialization and entering upon a period of individualization. To quote: “In order that the new conscious personality may be individualized, the child, instead of sharing and absorbing the mental life of others all the time, must act independently and organize his experiences in his own way. This seems to be the reason why nearly all children near the

age of three years become more independent and usually show more or less contrariness. Sometimes individuality is developed without any distinct break with other personalities, but frequently there is a distinct period or at least occasional spells of contrariness."¹ It would be interesting to follow these children over a period of several years and see if the reactions they are showing pass with their normal development or become "set" and are carried on through life. As is shown by the figures in 27 of our 50 cases, the jealous child is the oldest in the family. This is not unexpected as, the majority having reached the age of three, time enough has elapsed to bring a younger brother or sister into the family group, and not enough time has passed for this younger child to have become companionable and interesting to the first-born, who must adjust to a complete overturn of his heretofore unquestioned position.

Intelligence: There were no facts brought out in studying the jealous children to indicate that we are dealing with any special intelligence level.

Personality traits: There was greater lack of confidence among the children in the general-clinic group than was shown by the jealous ones. Selfishness was a prominent trait in the jealousy cases as was pugnacity, whereas domineering and stubbornness were equal in the two groups. Proportionately a few more jealous children resorted to temper tantrums to gain their ends, while over 50 per cent made a positive demand for attention in one way or another.

As would be expected, there were a greater number of special attachments of children for one parent or another in this group of jealousies than among the other children. From our observation there would seem to be no fundamental sexual basis for this. The eight children showing marked attachment for the mother were all girls; whereas of the six children showing attachments to the father, four were girls and two were boys. We are inclined to feel that the determining factors in these attachments studied was the amount of attention received from one parent or another. In this connection it is of interest to see that in the matter of attachments the reaction

¹ *The Individual in the Making*, p. 112.

was often reciprocal, there being in these same 50 families a high degree of favoritism shown by parents for individual children.

Cruelty as a character trait is seen in our clinic cases only rarely, yet 5 out of the group of 50 showed this reaction. Our jealous children also showed a decided tendency toward neurotic fears of various sorts. The daydreaming child was seen more frequently in the non-jealous group.

Undesirable habits: We have an unusually high proportion of disturbances of sleep, as well as food capriciousness, in the jealousy group. The restless sleep might be explained by the emotional tension the jealous child is under, when all the events of the day, as interpreted by him, may make him feel thwarted and inferior. The food capriciousness may well be another way of gaining the attention and consideration desired; also there may be some loss of appetite due to the general unhappiness of the child who feels disregarded. Enuresis was a difficulty in one-half of the 50 jealousies and occurred in only one-third of the non-jealous group. Ten of our 50 cases were referred to the clinic definitely because of this habit, and 14 others were found to be troubled in this way, though no mention of it was made at time of reference. The reason for this high figure might be questioned. There may be an emotional basis, or this habit may also be thought of as a possible means of obtaining attention, or both enuresis and jealousy may be symptoms of the same type of neurotic make-up. Nail-biting and thumb-sucking were resorted to by a higher proportion of the jealous children than the others. If these habits are considered as pleasurable sensations taken up as compensations for frustrated emotions, then it is interesting to note that masturbation occurred less often among the children who showed jealousy than among those who did not.

Destructiveness occurred frequently and a full third of the group of 50 were markedly hyperactive. Truancy, lying, and stealing occur seldom in our usual clinic group, and relatively the same proportion holds true in the cases of jealousy.

Play life: The opportunities for play open to a little child in city life are meager, particularly so if his lot happens to fall

in the congested districts. The family purse is slender, affording but few rooms to live in, so that there is no space that the child may call his own where he may play as he likes. Outside the door are traffic and dirt; inside, crowded conditions thwart his efforts at self-expression, which his elders consider as nerve-racking mischief. For lack of other space the kitchen may be chosen to toss his ball in. If the ball happens to fall into the family soup kettle, swift punishment is sure to fall upon the offender. Moreover, actual danger may result to himself and others from such little acts. Shiny knobs on the gas stove are so fascinating, and he well knows that excitement at least will follow if he plays with them. Both our groups were limited in play, but the children who showed jealousy were particularly limited in their social contacts. This was partly due to their pugnacious conduct, which made them unpopular. However, even with this limitation, 6 of the 50 children definitely led and dominated their playmates.

Type of home: In both our groups we find that there was some friction in the home, because either of marital discord or divided discipline, and a large proportion of all the children showed an obvious lack of constructive training.

Dr. Thom has said, "The home must be considered the workshop in which the personality of the child is being developed; and the personalities of the parents will make up, to a very large extent, the mental atmosphere in which the child has to live."¹ If, then, the "workshop" is not well organized and operated, is not the product likely to be a poorly organized personality?

Types of parents: Here we find in both groups one-third of the children with at least one parent who may be classed as neurotic; also they share alike the oversolicitous and nagging parent. Many times at the clinics we see parrotlike reproductions of adult conduct which give a vivid insight into the home life. When we consider that these children were all in the most imitative stage of their development or just passing out of it, we feel keenly the need of training for adults in their own habits of control, lest they act as living examples of undesirable conduct.

¹ *Habit Clinics for the Child of Pre-School Age.*

Punishment: With 28 out of our 50 children an attempt was made to rule by physical punishment. Here we might well question what part resentment and injured feelings played in their general overt conduct. Frequently it is the parent's custom to try to gain control by comparison of one child with another, as "You're a bad girl. We like Mary. She's nice and quiet." This method is found to produce resentment; it tends to increase feelings of jealousy and inferiority and should never be indulged in.

Teasing: Exactly one-fifth of the jealous children were objects of teasing from one source or another. These case histories bring out clearly that to a certain type of make-up, adult or child, teasing is of immense satisfaction. The pleasure derived from watching the victim squirm apparently outweighs all thought of the probable discomfort and possible harm to him. When the instigator is a full-grown man and the victim a little child, we can well picture the helpless feeling and hopeless resentment that are being built up as the process continues.

Summary: We may conclude from these data that the jealous child is more often a girl between three and four, frequently the oldest child. In make-up she is likely to be independent and selfish, pugnacious, demanding of attention and resorting to various means to obtain it. Often she shows undue attachment to one parent and is subject to mild neurotic fears. She is seldom a daydreamer, is frequently troubled by disturbances of sleep, food capriciousness, and enuresis, and often destructive and hyperactive, leading playmates in some instances, with play opportunities generally limited and little chance for social relationships.

The usual environment seems to be a fair home, lacking in training and discipline, often showing favoritism and neurotic parents. Physical punishment is used in an effort to obtain discipline, and the child is not infrequently subjected to teasing.

We are led to feel that the average child in the clinic is of extraverted make-up and that the jealous child as seen by us has the same make-up, but accentuated and exaggerated.

With this active, domineering child placed in an environ-

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ment that offers little in the way of intelligent training and guidance and limited play opportunities, often thrust aside in the family group by the advent of another child, with little attempt made to help him meet this situation, there is no cause for wonder when jealousy arises.

The asterisks before certain figures in the tables that follow indicate interesting comparisons between the jealous and the non-jealous groups.

TABLE I

SEX, AGE, STATUS IN FAMILY, AND INTELLIGENCE LEVEL OF 50 JEALOUS AND 100 NON-JEALOUS CHILDREN

	50 jealous children		100 non-jealous children
	Number	Per cent	Number
<i>Sex</i>			
Male	16	32	51
Female	*34	68	49
<i>Age</i>			
Under 2 years	1	2	4
2-3 years	9	18	13
3-4 years	*21	42	25
4-5 years	8	16	15
5-6 years	5	10	13
6-12 years	6	12	30
<i>Status in family</i>			
Only child	8	16	9
Oldest	*27	54	37
Youngest	6	12	14
Favorite	3	6	11
Peculiar or invalid	* 6	12	26
<i>Intelligence level</i>			
Defective (I.Q. 50-70)	2	4	3
Backward (I.Q. 70-90)	7	14	20
Average (I.Q. 90-110)	6	12	20
Superior (I.Q. 110 and above)	8	16	14

TABLE II

PERSONALITY TRAITS, UNDESIRABLE HABITS, AND PLAY LIFE OF 50 JEALOUS AND 100 NON-JEALOUS CHILDREN

	50 jealous children		100 non-jealous children
	Number	Per cent	Number
<i>Personality traits</i>	12	24	24
Negativistic	4	8	10
Lacking in confidence	* 1	2	8
Selfish	*21	42	27
Domineering	22	44	42
Stubborn	23	46	40
Pugnacious	*31	62	43
Given to temper tantrums	*30	60	53
Demanding attention	*27	54	36
Showing special attachment to parents	*14	28	10

TABLE II—Continued

	50 jealous children		100 non-jealous children
	Number	Per cent	Number
Showing favoritism.....	*16	32	13
Cruel.....	* 5	10	4
Fearful.....	*18	36	24
Given to daydreaming.....	* 3	6	11
<i>Undesirable habits</i>			
Disturbances of sleep.....	*32	64	24
Capricious about food.....	*29	58	44
Enuresis.....	*24	48	32
Nail biting.....	4	8	5
Thumb sucking.....	*11	22	15
Masturbation.....	7	14	18
Truancy.....	4	8	6
Lying.....	4	8	7
Stealing.....	1	2	3
Destructiveness.....	* 9	18	10
Hyperactivity.....	*17	34	10
<i>Play life</i>			
Leads playmates.....	* 6	12	1
Led by playmates.....	1	2	0
Plays alone.....	8	16	16
Plays with other children.....	4	8	3
Plays with younger children.....	0	0	0

TABLE III

TYPES OF HOME AND PARENTS AND RELATIONS BETWEEN CHILD AND HIS ENVIRONMENT AMONG 50 JEALOUS AND 100 NON-JEALOUS CHILDREN

	50 jealous children		100 non-jealous children
	Number	Per cent	Number
<i>Type of home</i>			
Lack of physical necessities.....	4	8	12
Lack of training and discipline.....	34	68	62
Lack of opportunities for play.....	25	50	51
Lack of opportunities for social relationships.....	*20	40	23
Home divided by friction.....	8	16	15
<i>Type of parents</i>			
Ignorant and irresponsible.....	2	4	9
Neurotic, "nervous".....	16	32	33
Physically handicapped.....	2	4	10
Oversolicitous.....	7	14	17
Nagging.....	3	6	7
<i>Relation between child and environment</i>			
Ruled by punishment.....	*28	56	23
Ruled by fear.....	3	6	4
Ruled by stronger will.....	2	4	3
Ruled by emotional appeal.....	1	2	2
Teased by parents or relatives.....	* 6	12	1
Teased by siblings.....	* 4	8	0
Teased by playmates.....	1	2	2

CONCLUSIONS

Between the ages of one and five a passing jealousy is probably a normal thing. The little child craves attention, and on the advent of a younger one, the parents' love has to be shared. The adjustment should, however, soon be made, as the child finds that the new brother or sister does not deprive him of the mother's love.

Frequently the passing jealousy may, through accidental or deliberate fostering, become fixed; if so, the child is headed for difficulty. Dr. William A. White says: "This is the period when all the tendencies which are to be motive forces in the future history of the individual acquire their initial direction. It is the time when the foundations of the future character must be laid."¹ For this reason it is most important that the first indications of jealousy should be handled quickly and wisely to prevent this reaction from becoming firmly established.

A In *The Psychoanalytic Study of the Family*, Flügel states: "We have seen that the nature and duration of the feeling of envy and jealousy and hate which a child is liable to experience toward one or the other of its parents is to a very considerable extent dependent on the behavior of this parent toward the child."² This our observations bear out, but unfortunately parents have little appreciation of the fact. The thoughtless inciting of jealousy to which many little children are subjected makes it almost inevitable that serious difficulties in social adaptation should occur. It is said that "in adopting his attitude toward the members of his family circle a child is at the same time determining to a large extent some of the principal aspects of his relations to his fellow men in general: and that an individual's outlook and point of view in dealing with many of the most important questions of human existence can be expressed in terms of the position he has taken up with regard to the problems and difficulties arising in the relatively narrow field of the family."³

It is an interesting fact that almost invariably it is the

¹ *The Mental Hygiene of Childhood*, p. 51.

² *The Psychoanalytic Study of the Family*, p. 156.

³ *The Psychoanalytic Study of the Family*, p. 4.

extraverted child who is being brought to the clinics for children of pre-school age. At this age the conduct of the quiet, pliable, shut-in child is to the average parent quite acceptable, and for this reason slips by without an opportunity for study. In reality this child is in as much need of help and guidance, if not more, than the pugnacious "fighter" who by temperament is able to grapple with life actively. Beatrice Hinkle aptly describes the introverted person as "one upon whom heavy blows are being rained in such rapid succession that the chief effort of the victim can only be centered on defending himself and warding off blows from his most vulnerable parts. He cannot find opportunity to become the attacker in kind because the blows continue ceaselessly. Aggressive action is inhibited. Only if he can discover some subterfuge, some indirect method of a different character can he hope to gain opportunity to assert himself."¹

From this study we are led to feel that jealousy is not an "inborn" trait, but is in general the natural product of the environmental situation in which it is the child's misfortune to be placed. It may be that in some instances there is an inherent tendency toward a neurotic make-up which makes it easier for a given environment to arouse jealousy.

Personal recollections of adults whose childhood memories are still vivid lead us to believe that many children conceal their jealousy in every way possible. Often they will assume an attitude of unconcern and indifference, drawing away from the battle. This feeling is borne out by McDougall,² who notes that jealousy produces two forms of reactions. One person may slink away and hide and sulk, whereas another will push forward and demand attention. In either instance he may exhibit anger toward the intruder.

It may be that in our clinic work we are missing an important type because our patients are, as a rule, referred when their overt conduct is disturbing, rather than when their mental content would indicate difficulties.

¹ *The Re-creating of the Individual.*

² *Social Psychology.*

CASE HISTORIES

Case I

Freda Jordan was just three when brought to the clinic by her mother at the suggestion of the settlement worker. For some time she had been troubled with enuresis, had been giving way to explosions of temper, and was extremely jealous, even going so far as to attack her sister in a fit of rage.

The social environment in which it was the fortune of this child to be placed is as follows: The home consists of three barren rooms, dark and damp, on the first floor of a poor brick tenement house in a congested district of the city. During the winter the family live in one room because of the impossibility of heating the whole place. There is no opportunity for play in the house, and outside there is only the paved street filled with traffic. Because of unemployment the family has needed frequent public aid.

The mother is a frail, unhappy-looking woman of Nova-Scotian stock. When she was nine years old, her mother died, leaving her the eldest of seven children for whom she had to assume responsibility. She had no carefree girlhood, as life in the fishing village from which she came was always a bare struggle for existence. She is fond of her children, but is irritable and vindictive in her manner with them. She broods continually over her ill luck since leaving Canada and has a pessimistic attitude toward matters in general.

The father was born in Wales and was employed in the coal mines until he migrated to Canada "to see the world". There he married, and after service overseas during the World War he brought his family to the United States, hoping for better opportunities for work. He was disappointed in this, as he arrived here in a period of industrial depression and has been able to find only shifting jobs. He is industrious and eager to work.

Rachael, six years old, was a little baby at the time of the Halifax disaster and was nearly killed in falling wreckage when the family lost all its belongings. She is a gentle, passive, and overconscientious child who gives no trouble whatever. She is friendly and ready to play with Freda, but has

extraverted child who is being brought to the clinics for children of pre-school age. At this age the conduct of the quiet, pliable, shut-in child is to the average parent quite acceptable, and for this reason slips by without an opportunity for study. In reality this child is in as much need of help and guidance, if not more, than the pugnacious "fighter" who by temperament is able to grapple with life actively. Beatrice Hinkle aptly describes the introverted person as "one upon whom heavy blows are being rained in such rapid succession that the chief effort of the victim can only be centered on defending himself and warding off blows from his most vulnerable parts. He cannot find opportunity to become the attacker in kind because the blows continue ceaselessly. Aggressive action is inhibited. Only if he can discover some subterfuge, some indirect method of a different character can he hope to gain opportunity to assert himself."¹

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so often been the defeated and battle-scarred victim of her younger sister's attacks that now she is afraid and gives way to her at once although three years her senior.

Grace, the baby, was six months old at the time Freda was first known to the clinic. Her development has been most interesting and will be discussed later.

Freda has many unfortunate personality traits and undesirable habits well built up. Her birth and development were normal except for a slight speech defect which is still noticeable. She had great difficulty in establishing good toilet habits; nocturnal enuresis still persists. Though she sleeps all night, she is restless and tosses about. Occasionally she has had night terrors, the effect of which she carries over for a day or more. She woke one night insisting that there was a man in the room, and for hours she could not be pacified. All the next day she would look furtively into the room and refused to go in alone.

Between the ages of one and three she had pneumonia, twice followed in quick succession by measles, mumps, chicken pox, and whooping cough. This meant an extended stay in the hospital. For some time it was expected that she would not live, and she was the object of great solicitude and concern. The mother believes she became so hopelessly "spoiled" at that time that she can never improve. In fact it is felt that the mother gets decided enjoyment from having an "impossible" daughter who is the terror of the neighborhood and of interest to psychiatrists.

Freda is impudent and defiant; in a rage she destroys what comes in her way. She bites and scratches Rachael when she is displeased with her and cannot get her own way. Once she bit her in the abdomen so severely as to draw blood. Another time, when Rachael was ordered by her father to maintain her rights and stay in the chair in which she was sitting and which Freda wanted, she was promptly dumped on the floor by her sister, who then sat down and quietly rocked.

Discipline is attempted, but seldom is successful. A constant nagging is kept up, but no attempt is made at constructive enforcement. When finally the exasperated mother does

descend in wrath to demand that her commands be obeyed, she is apt to be far too severe in her treatment. As she expressed it, on one occasion: "I got so mad I licked her and licked her until I was tired, and her father made me stop, and even then she'd be darned if she'd say she was sorry." Frequent threats of "I'll take you to the doctor", "I'll send for the nurse", or "You'll be sorry when I die and you have no mama", are in daily use.

Freda delights in playing "house" with her dolls. She seldom plays long with Rachael before a row develops. She has only one other playmate, Billy, a year younger, whom she completely dominates. All others keep out of her way.

She attends kindergarten, but is slow to mix with the group, preferring to be an observer of the games. In her psychometric examination she obtained an I.Q. of 91, but she was not coöperative and was inclined to be negativistic. No successful retest has been made that would give a fair estimate of her ability.

Jealousy is aroused only in regard to Rachael. Any attention to her is deeply resented; it makes no difference who shows the attention or in what form. However, if the docile Rachael is teased or set upon by children in the neighborhood, they have to reckon with Freda. She instantly flies to the defense with any weapon available. One day she chose a child's shovel and was about to attack a boy of seven when her mother intervened. She was dragged home, shouting, "I'll kill him, I will!"

2. Freda has now been known to the clinic for over two years, and though contact has been kept up over this period and the enuresis has stopped, it cannot be said that any improvement has been shown in this child's general habits of reacting to life.

A description of the family relationships and attitudes as they exist may show some reason for this. It was soon learned that Freda's obvious jealousy of her older sister was a source of great amusement to her father, whose daily interest on return from work was to incite her to outbursts of rage. He buys candy for all the children, but hides one box, giving none to Freda. When she has stormed sufficiently to satisfy him, he produces the other box. It has been clearly and emphati-

cally pointed out to him just what he is doing and the dangers, but he persists in devising new ways to torture the child. He is undoubtedly sincerely fond of his wife and children, yet he has no conception of how his gibes hurt. Strong and independent, he feels that there is too much worry over trifles and too much interference with a man's family in this country, and his general attitude is, "You can't tell me a thing." He is, however, a good provider when able to obtain work, honest, steady, and a regular church attendant, taking great interest in church activities.

He has the same teasing attitude toward his wife, frequently poking fun at her in the presence of callers and belittling her efforts. He says, "Of course the children are bright. They take after me. I don't know where else they would get it." This obviously irritates his wife and it is reasonable to suppose that it may be a partial cause of her general unhappiness. She is continually troubled over finances and suffers from rheumatism, which has been increased by night work scrubbing buildings to supplement the income.

Rachael is openly the father's favorite and is used by both parents as an example in trying to obtain good behavior from Freda. She shoulders the family cares and worries continually. She has a fear of her mother's dying and is troubled because she has to work nights. When she was given some new shoes which her mother bought with money she had earned, her father teasingly said, "See the nice shoes papa bought you." The child instantly flared up, with "You mean thing, my mama worked hard on her knees for those shoes, she did!" At Christmas she wrote a letter to Santa Claus asking for a desk, but added, "Never mind if it costs too much." She delights in school and is anxious to excel. She has few friends and cannot be made to stand up to Freda and fight for her rights.

Grace is now a dominating little personality of twenty months, pugnacious, destructive, ruling all who come in her way. Even Freda gives in to her will. Her conduct is exactly patterned on the successful methods of Freda. She is violently jealous of any interference with her mother, demands to be in her presence continually, and will be waited on by her only.

Neither sister is allowed to sit in her mother's lap in her presence. When the father shows any demonstrative affection for his wife, it causes an outburst of temper in the baby. It is with a decided air of pride that her parents say, "She can get anything she wants. She's twice as bad as Freda at her age—and look at the size of her!"

This case story brings out several points for consideration. We have here two distinct types of reaction to life in Freda and Rachael. Freda certainly appears to be heading for maladjustment. Unpopularity and lack of social contact are sure to be her lot if her present attitudes continue.

There is room for conjecture as to what real feelings lie hidden in Rachael's shut-in little personality. It may be that she also is suffering from feelings of jealousy and inferiority and is an example of the type so seldom recognized. Her tendency to introversion may well bear watching.

Grace seems to have used her powers of observation and decided on the way she will obtain her desires in life, and at present she is certainly successful.

The father's innate enjoyment of teasing and his inability to accept suggestion on the dangers of the proceeding make the outlook appear doubtful. Until the unconscious pride of having such "different" children is done away with there is little hope of accomplishing anything in the way of personality development for these three children.

In spite of close study by psychiatrist and social worker, this has been from the start a most baffling case and, as far as treatment is concerned, may well be called a failure. Obviously Freda is responding normally to the kind of stimulus she is receiving from her environment. During the time we have known the family, we have seen this same environment produce just such another as Freda.

We need to know what lies back of this situation even farther than we have probed. Why is it impossible for the father to see the dangers of his methods and accept advice? Why is the mother so defensive and unhappy? With time and patience we may find the answers and so be able to help work out a satisfactory adjustment.

Case II

Angelina Romano, a little Italian girl of three years, was referred to the clinic by the Children's Hospital after a complete examination had failed to show physical cause for her loss of appetite and insomnia.

Study by the clinic staff brought to light many unfortunate personality traits and undesirable habits on her part which might well be considered the natural product of the training that she had received.

The family live in three rooms on the first floor of a brick block in a fairly well-kept tenement district. Conveniences are modern, the rooms are freshly painted, and the windows are attractively curtained. The whole place has a homelike air and is scrupulously clean. The father is frequently in difficulties as he is a union man and has been forced out on strike upon several occasions. During such times aid has been given from the union funds.

The mother came from Italy sixteen years ago. Though she has never attended school, she appears bright and intelligent. Up to her marriage she worked in a cigar factory. Since her marriage both she and the children have had frequent illness and she has allowed herself to become a "chronic worrier". Recently she had a serious operation from which she has not made a good recovery, and this has made it necessary for her often to follow the line of least resistance in her household duties.

The father is a Neapolitan. He is in good health, is an experienced machinist, and can command a good wage. About the home he is kind and gentle, although rather uncommunicative.

Maria was a normal baby, causing no worry to the family. Both she and Lucia, who was born after our clinic contact began, are dark-eyed, sunny-faced babies. Angelina is fair-haired, thin, and sallow. Her blue eyes are sad and she wears a discontented and sulky expression.

Her birth was uneventful. She was breast fed to seven months and bottle fed to ten months. The weaning process was difficult. She refused one food after another and was solicitously forced to eat. It became a daily worry to see what

she could be made to eat, and both parents continually catered to her desires. At the time she was brought to the clinic, it had reached a point where she disliked all foods, and if teased or forced to eat, she would promptly vomit, thus causing more consternation in the family.

She had difficulty in going to sleep. Sharing the same bed with her mother, she refused to go to bed until her mother did, sometimes at 11 or 12, or even 2 A.M. This trouble was started by her father's insisting that if she cried at night she must be held and pacified in order not to disturb the rest of the quietly sleeping Maria. Angelina also has night terrors and bites her finger nails in her sleep. Occasionally she has nocturnal enuresis and sometimes she wets her clothing during the day. She has had frequent acute sore throats and recently a tonsillectomy was performed. She suffers from chronic constipation.

Before strangers Angelina is diffident and questioning in her attitude. At home she is destructive, tearing things to pieces for no obvious reason. One day she smashed her doll on the stove rather than give it to her sister.

She is particularly jealous of Maria, fights with her continually, and will not share with her. If either younger child is held, she immediately demands attention. Her mother has sometimes teased her by saying, "I like Maria best. She's a good girl." This always produces tears.

Angelina's position in the family is a peculiarly difficult one. Just one year before her birth, the first-born child of the family died at four months, causing great grief to the parents. It is to be supposed that their pent-up emotion was spent on Angelina when she arrived. The fear of losing another child made the parents most concerned with her slightest upsets, and went far toward building up the unwholesome, oversolicitous attitude to which she was subjected. Then, having been the idol and center of attention for a year and a half, she was sent to live with an aunt for several months only to find on her return that she had been supplanted by Maria, an attractive, good-natured baby. There is little wonder that under these conditions and with no understanding help from her parents, she found it impossible to adjust to the situation.

Discipline in this home is divided. The mother's chief method is spanking. The father objects to this and comforts the victim. Threats are much in use, and at present the most productive of results is, "You stop, or the doctor will scrape out your throat."

The children are never allowed out alone. The mother is afraid of automobiles on the street, and at the back of the house rubbish is thrown out, thus making it an unsatisfactory place to play. Because of the mother's ill health during the past winter, the children were actually never even out of doors for weeks at a time. On rare occasions their father dragged them out on a sled. In the house they have their dolls, but as the mother has little imagination in devising new games for them the result is that they are bored and cross the greater part of the time.

Angelina started kindergarten this winter, but because of an epidemic of children's diseases which frightened the parents, she was not allowed to continue. Although a satisfactory psychometric examination could not be made because of her restless attitude and refusal to give attention, it was felt that she was in no way deficient.

The home life is apparently congenial and the tie between relatives is close and friendly. Consciously the parents do not make favorites among the children, but actually it would be almost impossible not to show more attention to the attractive, smiling younger children. Certainly these two children receive more notice from those outside the family and Angelina frequently has to listen to comments in regard to the difference in looks between herself and her sisters. Being an attentive little person, she probably fully realizes which ones the comparison favors. It might be said here that even though the lack of family resemblance is so marked, there has been no reason to believe that Angelina has not the same parentage as the other children.

Shortly after our seeing Angelina at the clinic, it became possible for her to go to spend the summer with an aunt who had cared for her before with particularly good success. This plan was tried out, as the psychiatrist felt that with such a disintegration of the physical and mental aspects of life as this

child presented, it would be impossible to start readjustment under the same environment.

After the first few days with this aunt, who calmly, but wisely asserted her position as leader, Angelina settled down to a normal routine of living, eating, and sleeping properly and getting some enjoyment out of life. She was, however, still inclined to demand her full share of attention, and felt that her cousins received more than she did in some ways. Only when visited by her parents did she resort to whining and physical complaints, desisting at once when they left.

When she returned home, great effort was made to have the parents understand the part they must play if backsliding was to be prevented. They have tried in every way to avoid unfavorable comparisons among the children and have dropped their habit of teasing. If two articles cannot be bought, one for each of the two older sisters, then both go without. This winter Maria needed a new hat. Angelina did not, but the mother said, "I just saved a little more and got them both hats, for she would have been so unhappy." Habits of sleeping and eating are more regular, but there is still room for improvement.

Given a good opportunity, these parents would, we believe, have profited by advice and carried out a fairly successful régime of training. Continually handicapped by ill health, the mother has not been able to keep up regular clinic attendance, and often from lack of energy and courage she has allowed Angelina to have her own way for the sake of peace.

Case III

Joseph Wright, six years old, was brought to the clinic by his mother because he was troubled with enuresis. This is an instance of intelligent parents who saw in the newspaper some publicity in regard to the opening of the clinic and grasped at the opportunity to obtain advice.

The family live in a newly built up section of small single-family houses, near a large manufacturing plant in an industrial city. There is a fenced-in front yard with a well-kept lawn and a flower garden at the back. Inside the house the rooms are attractively furnished, bright and sunny. A vacant

room opens off the kitchen, and this is given over entirely to the children to do as they like in. The family own their home and are economically independent. They have never been known to social agencies.

On first acquaintance the mother makes an excellent impression, but as she is better known, several hampering personality defects show up. She was the youngest and petted child of a large family. At sixteen she left high school and went to work. She is quite deaf in one ear. This handicapped her in her school work, particularly as she was sensitive about it and would not ask for an explanation if she missed a point. She worked until her marriage and feels that she was placed at a great disadvantage by never having had home duties or the care of young children up to this time. As she says, "I had to learn by bitter experience."

When a girl she had "nervous spells", and would faint on the slightest provocation—as, for instance, on bumping her elbow. She is sensitive, and her feelings are easily hurt, but she responds quickly to approbation and praise.

The father is a graduate of high school and technical school. At present he is a foreman in a large plant near which he lives. He is slow, deliberate, and studious. Marrying late in his thirties when well established in bachelor ways, he has found it hard to become used to family life. He is idolized by the children and finds it rather wearing to live up to their ideal at all times. He is always gentle and considerate about the home.

Richard, the younger child, now three years old, is also a clinic patient, his difficulties being both enuresis and masturbation. He is an irresistible, good-natured little chap, the picture of good health. He is constantly on the lookout for fun, and enjoys his mischief and teasing in a rather adult fashion. At the clinic he works quietly until he has most of the toys in his possession, and between whiles he thrusts his inquiring little nose into everything that goes on.

Joseph is a fair-haired, slender lad, quiet and slow of speech. His birth and development were normal and his health history was uneventful. He had established good toilet habits at two years, but maintained them for only a year. At this time Richard was born and Joseph was thereby forced to share the

family affections. He then began to wet the bed again and to masturbate excessively both day and night. He also showed a desire to be babied and petted by his mother. When he was first known to the clinic, these habits still persisted. He is affectionate, selfish, and jealous. He was born while his father was overseas during the World War. At that time the mother made her home with her relatives. She frankly admits that she showered affection and caresses on the baby, filling her life with his desires and needs in order not to think of the possible fate of his father. When the baby was a year old, his father returned. Upon entering the home he greeted the mother demonstratively, paying no attention to Joseph at the moment. The baby was unhappy, showed temper, and could not be comforted at once. For a long time after this he resented it when attention was shown to his mother. Because of this, both parents adopted the habit of including him in their demonstrations of affection. When Richard was born, Joseph again showed marked jealousy, and on several occasions tried to injure him, once throwing a steel tool from the automobile kit at him. The parents tried to overcome this by seeing to it that both boys shared alike in everything. At the present time, if Richard is ill and receives special attention, Joseph will produce a cough or some other symptom that will bring him attention also. Since Richard has become older and more companionable, Joseph has lost his antagonism for him. As a little boy Joseph was shy and diffident. He had an imaginary playmate, "Tony", with whom he frequently played. He formerly had an ungoverned temper, but is learning to control it. Before strangers he is apt to become boisterous and excitable, striving to gain attention.

The mother is not firm with the children. Her method of punishment has been spanking. Now she finds that Joseph is growing beyond her and that she is losing control. The father, on the other hand, speaks only once and receives instant obedience.

Until recently Joseph and Richard have played entirely by themselves. They showed the lack of contact with other children, and since play with the neighborhood group has become possible, Joseph in particular has enjoyed it immensely. He

did not play ball well at first, so his father spent time with him in the evenings showing him how to throw and catch.

He has learned his letters and colors, but will not attend kindergarten until fall. In the psychometric examination he had an I.Q. of 117, showed judgment above the average, and was thoroughly coöperative.

On studying this situation, it is apparent that though superficially the home appears excellent, there are several facts that make adjustment hard for all.

The mother for some reason feels inferior to her husband, and inadequate in the training of the children. She speaks frequently of the good home her husband provides, of her inability to entertain with ease, and of the effort she has expended in trying to train her children properly, but feels that had they been girls, she would have understood them better. This attitude makes it hard for her to accept advice, though she wants it, for first she must admit the fact that she has failed in some ways.

She continually says, when any of Joseph's personality difficulties are under discussion, "Oh, he can't help it. He's just like his father. Now Richard is like me and I understand him." She obviously likes Richard better. Whether this is only the natural attraction to the responsive Richard, or whether it is based on a real dislike for Joseph or an unconscious incompatibility with her husband, it would be hard to say. Undesirable traits of personality in a well-loved mate might pass unnoticed, whereas caricatured in a child, they might become a source of much irritation.

Joseph's tendency to drop out when his feelings are injured will lead him to difficulties if he cannot overcome it. It is only the beginning of a vicious circle. Because he is quiet and unresponsive, he does not receive the attention that falls to Richard, who is bubbling over with fun and mischief. He then draws away from the struggle, and the more he draws away, the less attention he will receive. In regard to enuresis and masturbation, he has shown great improvement. The parents are aware of the differences in temperament of these two children and are alive to the dangers to both types if they are allowed to become exaggerated. They have sufficient intelli-

gence to steer a safe course with some scientific guidance if they are not too hampered by their own personality defects.

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THE PSYCHIATRIC SOCIAL WORKER'S TECHNIQUE IN MEETING RESISTANCE*

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ANY ONE who has searched recent literature in the field of psychiatric social work for the key to a blanket technique that will insure a satisfactory working *rapprochement* with clients has undoubtedly been disappointed at the dearth of material on the subject. Statements such as that of Dr. Healy that the social worker "must have a temperament or an attitude of mind calculated to develop friendly coöperation",¹ or paraphrases of the same idea, are found repeatedly. It is only when one makes the attempt oneself to isolate the intrinsic elements of "friendly coöperation" that one finds an excuse for such vague generalizations.

Before entering upon our discussion, however, some explanation of terms might be offered. The term *technique* is used in the sense of Webster's definition—"the form commonly used for method of execution". The term *resistance*, as used in this paper, denotes opposition in thought, word, or act to an open-minded attitude, to suggestion, explanation, reason, argument, appeals, persuasion, or the like. The inclusion of suggestion in this definition opens up the question of what constitutes normal and abnormal suggestibility, but that must be left to the researches of psychologists for further elaboration. *Attitude*, to quote Dr. Richard Cabot, represents "the expressed juice and essence of one's experience, religion, or philosophy; what one has not forgotten; what is genuine and not wordy."² *Rapprochement*, according to Webster, is a "rele-

* Submitted and accepted in partial fulfillment of the requirements for the diploma in the Smith College School for Social Work, August 31, 1926.

¹ *The Individual Delinquent*, p. 34. Full references to the books and articles quoted in this paper will be found in the bibliography, pages 122-23.

² Quoted in Lucy Wright's "The Worker's Attitude as an Element in Social Case-work." *The Family*, July, 1924.

tion characterized by harmony, conformity, accord. . . .
En rapport, . . . as applied to people, having a close understanding or working in mutual dependence."

The conscious study of technique is found in the preliminary stages of the development of any subject. This holds true also for the technique of human relationships. The task defies absolute articulation, and it would be reducing these relations to too mechanical a basis were an attempt made to standardize minutely the technique of the interview, which, at present, is our most highly developed means of communication, and as such the vital element in most human transactions.

The purpose of this paper is, then, not to evolve new theories and dogmas in regard to technique, but merely to pool and synthesize the experiences of others and to bring to consciousness some of the mental processes that heretofore have been employed unconsciously by the social worker—not to prescribe formulas as to how things *should* be said or done to gain desired results, but to suggest ways in which they *may* be done and to show how, in a few instances, they *have* been done with success. No frankly pathological case, such as negativism, is included. The effort will have been justified, if, in this collection of facts and impressions, the young social worker finds suggestions that will serve as a short cut to the evolution of her own technique and help her to avoid the trial-and-error method, so discouraging to herself and painful to her client. The aim shall be away from any consideration of social treatment *per se*, and in the direction of a discussion of the social worker's technique as it affects treatment, with special emphasis upon some of the causes of resistance.

One may question the general value of an analytical study of the interview, in view of the fact that the ingredients of a successful contact differ not only with the individual social worker, but with the individual client and the individual situation, and that treatment is, *ipso facto*, based on the variations of these three elements. Perhaps the greatest gain from such a study comes to the social worker herself, for each interview contributes valuable experience and new understanding that will be of help to her in all subsequent interviews. It enhances the worker's ability to criticize her own work in retrospect

and out of these criticisms to evolve a better technique. As an exercise in articulating thought processes, subjective though they may be, an analytical study offers excellent material for teaching purposes.

The substance of this discussion is based largely on three general sources: (1) The psychoanalytical literature of the day has suggested a comparison between the psychiatric social worker's technique in establishing *rapprochement* with her client and the analyst's technique in securing a transfer from his patient, of which more will be said later. (2) A fresh impetus to the study of the psychological elements of the interview has come from the field of contemporary psychology through its recent studies in personnel research, in which effort has been made to systematize and standardize the form of outline for interviews with special groups, such as college students, various groups of industrial workers, and so forth. (3) Social workers, recognizing the practical need for a better and more universal knowledge of the processes involved in technique, have themselves made valuable contributions to the general study. Perhaps the most widely discussed studies of this particular phase of case-work are those that have been conducted by Mrs. Ada Sheffield and Miss Helen L. Myrick¹; by the Subcommittee on Interviews of the Committee on Professional Practice, Chicago Chapter, The American Association of Social Workers, under Miss Myrick's leadership²; by the New York Subcommittee on Interviews, The American Association of Social Workers, which had for its original objective the evolution of a practical method of recording the technique of the interview, rather than the analysis of the processes involved; and by the Minneapolis Chapter Committee on the Interview, which started its work on "process recording", but soon redirected its energies to the technique of the interview, and has recently undertaken the task of inventing names for the recurrent techniques which it was able to identify in the analysis of the interviews selected for study. This material is not yet in shape for publication, but will probably appear in the near future.

¹ See "Reflective By-products of a Social Treatment Interview," by Helen T. Myrick and Ada E. Sheffield. *Journal of Social Forces*, May, 1925.

² See Appendix, pages 120-22.

A thorough treatment of the necessary qualifications for the successful psychiatric social worker would lead one far afield and must necessarily be dismissed at this time with only a cursory reference to some of the personality traits and other requisites that have come to be felt essential by those who are actively engaged in the profession. "Trained and organized common sense", supplemented by "native ability, special knowledge, and much preparation and training", have been mentioned by Mr. de Schweinitz¹ as some of the prerequisites to tactful handling. The necessity that the social worker shall fully understand her own instincts and emotions before she can skillfully deal with inhibitions and prejudices in others is stressed by Paul Benjamin of the Louisville Family Service Organization. Especially in contacts with children, Dr. Leonard Blumgart would add to this another, less tangible personality factor which "can probably best be defined as that objective attitude toward a child that is based on the observer's own habits of behavior consciously understood, guided, and, as far as possible, scientifically formulated. . . . It is not enough that one be well trained in the arts and sciences . . . but one must be able to give this intangible, illusive, tenuous factor called understanding a definite scientific formulation and background. It must show in everything he does, in every word and attitude toward the child. We have records that show that the improvement in the child dates from the day when he appreciated the fact that there was some one who was interested in him, not another agency that was against him. . . . It is understanding, controlled, guided, or directed by training, that is the very medicine . . . children need."²

The social worker's technique may be likened to the artist's skill. The latter's innate ability may remain an unliving gift unless embellished by training and practice. So with the social worker—her innate sensitiveness to life may not in and of itself function to its full capacity, while, with the aid of conscious thought and guidance, it may become a vital force in the lives of those with whom she comes in contact. On the

¹ *The Art of Helping People out of Trouble.*

² *Observations on Maladjusted Children*, by Leonard Blumgart, M.D. *MENTAL HYGIENE*, April, 1921.

other hand, unless that sensitivity to others is innately present, it cannot be created, no matter how excellent and prolonged the formal training in social work. The social worker's attitudes toward herself and others, toward her work, life, and the world in general, toward the present, the past, and the future, and toward society¹ are all bound to reflect themselves in one way or another in her contacts with people. Whether she will be able to give that understanding, comfort, hope, or counsel which her client may seek will depend, then, on the positive or negative aspects of her philosophy.

A careful study of cases seems to divide resistance into two general types which are referred to by Freud² as internal resistance—i.e., of the patient, or, in a broader application, the interviewee, himself—and external resistance, due to environmental factors. The type of resistance that may arise in a client-worker relationship may differ from that of any other informant-worker relationship, and must be met with discrimination. A corresponding difference in technique is called for when the interviewee is a child, or when the resistance appears to be on an intellectual rather than an emotional basis, or vice versa. A distinction may also be made as to the degree or intensity of the resistance. The range may be thought of as varying all the way from a passive state of indifference—such as might occur before sufficient *rapprochement* had been established between the social worker and the client—to active defiance, in which wilful deception might be the underlying motive.

It is perfectly patent that in order to deal effectively with the symptoms of repression, it is necessary first to penetrate as far as possible into the cause of the resistance. In view of the complex nature of each given situation, it is essential to attempt to resolve it into its simpler elements in order to attack it intelligently. Five generic bases of resistance have been isolated for consideration in the present study, and will be discussed in the following order:

¹ *The Normal Mind*, by William Burnham.

² *Introduction to Psychoanalysis*, p. 398.

- I. Causes arising from environment factors.
- II. Causes arising from differences between the social worker and the interviewee.
- III. Causes arising from the interviewee's intellectual or emotional reaction to the particular subject or situation under consideration.
- IV. Causes arising from the habitual reaction pattern of the interviewee.
- V. Causes arising from the uncertainty of consequences.

I. Causes arising from environmental factors.

The conditioning factors of time, place, and circumstance are often enough in themselves to account for the absence of *rapport*. Miss Richmond discusses at some length the relative advantages of the office and the home interview.¹ Unfamiliar surroundings are apt to be more of a handicap in the successful dealing with young children than with adults, although even in the case of the latter, the professional atmosphere of the office may have an awesome and oppressing effect.

In a similar way, the interview may be adversely modified when it takes place in the home, by interruptions from children or neighbors, the pressure of household duties, or other interfering circumstances. One meticulous housekeeper admitted that she "couldn't be herself" the first time the social worker called, for fear that her caller might be critically aware of the untidiness of her apartment—which was the quite pardonable result of nearly a week's constant attendance upon a sick child.

The time of the interview is often the key to a resistance that cannot easily be explained on any other basis. The social worker who fails to respect the time of her interviewee may rightly receive rebuffs when her visit is ill adapted to the business or convenience of the individual. The unexpected appearance of the worker immediately after a child, who has been referred to the clinic for her inordinate fear of strangers, has wakened from a nap presupposes but one kind of reception. A father, working on the night shift, who has responded

¹ *Social Diagnosis*, pp. 106-110.

to the worker's thoughtless interruption of his morning sleep, is not in a frame of mind to take kindly to a discussion of the inadequate provision he is making for his family. And the worker who expects a conscientious and systematic mother to abandon her regular wash day to give the detailed information for a social history, or a business man to devote part of a busy morning to the discussion of a former employee's mental symptoms, must stand the consequences of her lack of consideration. Dr. Healy, in *The Individual Delinquent*, makes the observation that there is little hope of coming to an honest understanding with a young offender after commitment, and that a study of the child should be before the court hearing, whenever possible.

On the premise that under certain circumstances resistance is known to be lower at the end of the day than at any other time, one might expect readier acquiescence to an approach of the right sort in the evening than during the day. Conversely, however, it might be pointed out that receptiveness to suggestion might reasonably be lower toward evening, after the stress and irritations of a hard day's work, than earlier in the day.

The state of fatigue or health of either interviewee or social worker comes in for its due share of consideration when the establishment of *rappport* between the two is at stake. The worker herself may be viewed as part of the interviewee's environment and, as such, may be an important conditioning factor in his type of response. Some of the more easily recognized of these factors are discussed in the classification that follows.

II. *Causes arising from differences between the social worker and the interviewee.*

In this group, countless influential factors of a personal nature suggest themselves as adequate explanations for some of those inscrutable, intangible barriers that sometimes arise despite the conscious efforts of the social worker—that are, in fact, often quite beyond her power of control. Conversely, the particular quality or condition in the social worker that was operative in her failure to gain *rappport* with one client

may be her "open sesame" with another. The subtle differences dependent on sex and age; social, marital, and economic status; personal appearance, dress, and mannerisms; degree of education and cultural background; experience; nationality; race; religion; language; ideals; position of authority; and the like—all play their respective rôles in every contact and on them may depend the achievement or the loss of *rapprochement*.

A buoyant and youthful worker who is perhaps herself experiencing the fluctuating emotions and "thrills" of late adolescence quite obviously stands a better chance of gaining the confidence of a youthful delinquent, especially if the latter be a girl in her teens, than of a careworn, middle-aged woman who looks either so enviously or so disparagingly on the interviewee's tender years that there could be no possible bestowal of confidence. And, viewing the same situation from the opposite standpoint, an older worker who perhaps shows by her bearing and philosophy of life that she has been deprived of much that might have made her youth freer and happier might actually be less capable of understanding and helping the delinquent girl than the younger worker, but on the other hand might become the understanding confidante of the older client.

It is when one's eagerness to be of service has been rejected on the ground that one is not a mother, and therefore incapable of appreciating some of the finer feelings of the client, that one realizes the extent to which marital status affects the reaction of some clients to a particular worker.

An Eastern accent in the West may be a symbol either of refinement or affectation. One children's clinic in a Middle-Western college town has found it advantageous, in the interest of establishing good *rapprochement* with the more cultured of its clientele, to have the ex-Bostonian member of the staff handle the problems in these families. In a different section of the same city, however, this worker's speech might be not only annoying because of its strangeness, but misinterpreted as a mark of affectation and superiority.

Differences between the client and the social worker in respect to their relative concepts of loyalty, honesty, duty, and the like may furnish the groundwork for an intolerance

in one for the other's point of view that in turn may interfere with their complete accord.

The handicap that the social worker's unfamiliarity with the client's language and native cultural background imposes is one that only the interest and education of both can help to reduce. The feasibility of the social worker's resorting to the use of the client's *patois* is a subject that never fails to provoke debate. Some feel that it is thoroughly justifiable in view of the better state of *rapport* that usually ensues, while others look upon the practice merely as a bit of subterfuge artificially calculated to win the client's confidence.

The social worker's position of authority is an ambivalent kind of instrument—it may be either a help or a hindrance to the establishment of *rapport* with her client. If she is looked upon in the same light as the physician—that is, as one to whom it is safe to make disclosures of a personal nature with the assurance that they will be respected as confidences—the task is a fairly simple one. If, however, the client is a child who has come to the attention of the social worker through some misdeed on his part, and has been led to identify the social worker's authority with that of the court, the task assumes greater proportions and calls for the worker's best skill in correcting this misapprehension. Here, again, it is imperative for the success of future contacts that the client be impressed with the fact that the social worker does not stand to him in the relation of judge, but merely as one who is trying to understand him and his problems.

The factor of sex in the relationship between client and worker cannot be ignored. The frequency with which a good transfer is thwarted because of this factor alone is familiar to all, especially where the relationship is that of psychiatrist and patient. An effeminate type of doctor cannot hope to inspire the respect and confidence of a young Hercules, to whom the doctor's physique is an object of pitying scorn, any more than an excessively virile, stalwart man can readily elicit the conflicts of a shy, adolescent girl.

From the mere manner of speech, one may predict results at times. A naturally aggressive or dictatorial tone may build up barriers that will later have to be broken down before

an amicable understanding is possible. On the other hand, too much deference on the part of the social worker may convey an impression of indecision or lack of self-confidence, or, worse than that, hypocrisy. Any of these mannerisms may be based on conflicts within the social worker herself and should receive as careful consideration as the client's problems.

Differences in nationality and race may account for an even greater degree of bias than any of the factors mentioned. It has been conclusively demonstrated, for instance, that the prejudiced attitude of some psychometrists in the South is responsible for many low I.Q.'s among the colored children they examine.

Probably only in a negligible number of instances is the failure to win a client's confidence ultimately dependent on any one of these factors alone, but their aggregate importance, in initial contacts especially, cannot be overestimated, and the selection of the social worker for a particular client is often made on the basis of the personality factors of both.

III. *Causes arising from the interviewee's intellectual or emotional reaction to the particular subject or situation under consideration.*

In this group the individual's response is very apt to be on a purely subjective plane. The elements of the given situation might not *per se* produce the same effect on another, yet, because of personal considerations, the strong affect attached to it in the mental life of the subject causes resistance to appear. A number of factors that arouse affective disturbances may be mentioned, although with no attempt to exhaust the possibilities: misunderstanding, lack of self-confidence, resentment, sensitiveness, general depression, shame, embarrassment, personal or family pride, lack of sophistication, shyness, deference to another's opinion, feeling of inferiority, disgust, sorrow, indifference, insult, self-consciousness, courtesy, suspicion, deception, prejudice, taboos, ignorance, modesty, guilt, dishonesty, and so forth.

Misunderstanding leads the list by virtue of its frequency.

Antagonism, born of misunderstanding, was the outcome of

the clinic's summary letter to fourteen-year-old Dave H.'s parents. The psychiatrist described him as being a "shut-in" type. Although his parents themselves had referred him to the clinic because they felt that he was fast losing interest in normal outside activities and friends and was devoting too much time to solitary pursuits, nevertheless they failed to notice any relation between the descriptive term used by the clinic and their own observation of their son.

"What right did Dr. X. have to say Dave is shut in?" demanded the injured Mrs. H., on the social worker's first visit to the home. "He is allowed to do whatever he likes. We take him to the movies once a week and he can go when he wants to by himself. He has a billiard table and any number of games to play with", and so forth.

An explanation in layman's language of the meaning of "shut-in", as used by the doctor, was accepted, and once the feeling of resentment at what the parents felt was a personal criticism of their efforts in the boy's behalf was removed, therapy could be applied without any further opposition.

IV. *Causes arising from the habitual reaction pattern of the interviewee.*

Several "chronic" attitudes that militate against the easy establishment of *rapport* may be mentioned. The person who says little and conceals his inner feelings with a forbidding exterior designed to repel the most friendly advances of the social worker is a constantly baffling problem. It is extremely difficult to estimate the effectiveness of a particular technique with such subjects because of their lack of responsiveness and their silence.

The ultra-cautious and deliberative type make up another group which requires a discriminating technique. A hasty manner on the part of the social worker, who expects a correspondingly speedy response from the client and cannot suppress her impatience over his dilatory nature, may breed a nervous tension in the client that will interfere materially with the establishment of *rapport*. Recognition and acceptance of the client's personality traits, divergent as they may be from the worker's own, is essential.

An "instinct against interference"¹ of any sort is a trait that advertisers and salesmen have to reckon with constantly and it may account for the opposition that the social worker encounters in some individuals.

The mildly negativistic constitute another group, familiar to all social workers, whose "contrariness" requires a technique suited to the individual needs of the case.

The "naturally suspicious" disposition that one encounters in many people is responsible for a large number of cases in which the attainment of *rappport* is difficult, and acts as a stimulating challenge to the social worker's tact in removing the underlying causes of suspicion. The effect of an early unfortunate experience with a social worker was responsible for coloring one youngster's attitude toward social workers in general in such a way that only time and the complete demonstration of sincerity of purpose on the part of another worker could break his wall of defense and eradicate the old antagonism.

For reasons satisfactory to the clinic, but wholly unconvincing to nine-year-old George N., it was thought best to place him temporarily in a foster home. On the morning set for his removal, the social worker went to the home and, summoning the most alluring adjectives at her command, tried to describe the attractions of the new home in terms calculated to arouse his immediate enthusiasm and acceptance of her plan. The effort failed, and measures of a more concrete nature were applied. The mother's technique consisted exclusively of bribes and threats, and each was used in turn repeatedly and with varying degrees of virulence. The social worker feared that if she allowed George to gain his point by deferring placement, it would jeopardize her hold, not only on him, but on the whole family situation, and that it behooved her to act according to her original intentions. She, therefore, announced that George must come at once and made ready to go, but by this time George was in the far corner of the room under the bed. The bed was removed (the social worker was strong!) and George extracted, struggling and frightened, from his hiding place. The action moved more rapidly from

¹ *The Psychology of Selling and Advertising*, by E. K. Strong, Jr.

this point on, and in an hour's time George was in his foster home, a resentful, rebellious, tearful youngster. Despite his youth and the distance of the foster home from his own, he found his way back by evening.

The process of regaining his mere tolerance of the clinic's interest in him represented months of slow and painstaking effort on the part of another worker, who used the recreational approach with the boy, and although his coöperation was secured up to a certain point, it was felt that his former trust in the clinic was never fully restored.

Sometimes it is only when one probes into the early impressions and environment of an individual that it is at all possible to understand certain aspects of the personality which have been referred to above as habitual reaction patterns. The circumstances of Esther J.'s¹ early childhood bear out this point in a rather convincing way.

As far back as she could remember there was always something in Esther's immediate environment to be ashamed of—something that had to be concealed from others. There was dissension among the relatives, in which her mother seemed to figure prominently, and her cousins were no longer allowed to come to her house to play. When she was ten years old, her father stole some farm equipment from his employer and moved his family away suddenly by night to another state. It was also at this time that the family was the center of comment because of her father's suspected implication in the pregnancy of her oldest sister. Esther was too young to appreciate what was wrong often, but nevertheless she absorbed the spirit of suppression from those about her and felt a certain responsibility for guarding whatever there was to hide. That feeling of repression, engendered at an early age and fostered throughout the most formative period of her life, has persisted, and may quite logically account for much of her present resistant attitude, although a study of her particular case reveals other causes equally potent.

V. Causes arising from the uncertainty of consequences.

Fear and its numerous ramifications seemed to be the underlying factor in so many of the cases of marked resistance

¹ See pages 103, 109, and 117.

studied that its consideration under a separate heading seems warranted. The subjective reasons for a feeling of fear are legion and it would be impossible within the limits of this paper to make a complete category of them. Some of the more recurrent ones might be mentioned, however.

The possibility of the betrayal of one's confidences is always a factor inimical to the bestowal of confidence, and it often requires more than the verbal assurance of the social worker to convince a child or adult of the worker's trustworthiness.¹ With many a child, the driving force back of resistance may be ascribed to fear of punishment if he discloses pertinent facts about himself, or of revenge if he "tells on" others. The possibility of losing the approval of the gang is not a trifling matter and not to be risked.

The over-scrutinizing methods of some relief agencies have been known to be responsible not only for the withholding of

¹ EDITOR'S NOTE: The effect that a betrayal of trust may have upon a client, even though the motives behind it are of the best, is well brought out in the following item from the *Survey* of January 15. It is the transcript of a talk with a prostitute who had persistently refused to tell anything about herself until she was dying. It was sent to the *Survey*, with the consent of the speaker, by Emily B. Moores, Director of Social Service in the Miami Valley Hospital at Dayton, Ohio.

"I hate social workers. I trusted one once. She gypped me, and so now I leave them be. If they treat me good, I like them all right, only when they ask me questions they don't get nothing. I don't lie—not much—I just keep still. That makes 'em feel funnier than if I'd talk straight ahead a string of lies.

"You see, it was this way. When I was seventeen, I wasn't so good, but I was still a greenhorn; I was in a strange town and I was sick. I couldn't work, and I had no place to go. So I heard of a social worker, and I went and asked her about a hospital to go to.

"She said, 'Yes, we have a good hospital where you can stay for nothing and have your treatments. They have movies once a week, and you will find other girls there for company.' So then she said she'd take me there.

"She took me all right—to the Detention Home. And they sent me to a convent. They had nothing on me, either, except my disease. And I had the money to pay for the hospital, too. I didn't tell nothing more about myself to the Detention Home or the convent, either.

"What should she have done? Well, I guess I don't know. Maybe she thought she'd reform me or something. But tricking me like that was no way to do it. And I've worked in lots of towns since I got out of that place, and I've learned lots worse things than I knew then. I played square that time. I laid all my cards on the table, and because they were dirty cards, she played me dirty. So now, when a social worker asks me about my past, or anything, I just don't answer, or maybe I lie a little. Never again! I trusted one once!"

confidence, but for the actual development of habits of deception on the part of a client. The very relationship which economic dependence of one person on another person or organization imposes is one explanation of the possible difficulty of bringing about *rapprochement* in some cases.

Fear of disfavor in the eyes of the social worker or the community; the danger of ostracism from a particular social, religious, or professional group if the adherence to certain nonconformist views is discovered; the apprehension of inadvertently betraying another's confidence; the desire to avoid legal entanglements which might result from the disclosure of certain facts—all of these may act as an impediment to the setting up of a natural and friendly relationship.

A case in which the motive of fear of punishment played the major rôle to a rather exaggerated degree is that of Angela M., a sensitive Italian girl of thirteen, who for two years had been aware of the meretricious relations between her mother and a boarder in the home. Mrs. M.'s fear of detection by her husband had communicated itself to Angela, who had been so thoroughly terrorized by her mother's threats of punishment if she betrayed her that she had sought refuge from possible harm in complete silence, first at home and later, as she became increasingly conscious of the social significance of the home situation, in all of her outside contacts.

Angela was referred to the clinic because of suspected mental retardation, the suspicion resting entirely on her unresponsiveness and refusal to recite in school. When investigation revealed the motive for her extreme resistiveness, plans were immediately made for her mental and social readjustment.

It would be impossible to attempt to set up any unequivocal precepts in regard to the matter of technique of approach to the client, but there are certain empiricisms that might be ventured in the present study. It is safe to postulate that technique cannot be described in scientific terms and it is inconceivable that it could be taught in the same sense as the sciences. It must be thought of, rather, as something that an individual discovers and develops for himself, despite the fact that much may be gained through study of the experiences of

others and through careful observation of the give-and-take relationships of human beings.

Technique, as applied to treatment, has been most ably and sympathetically presented by Mr. Karl de Schweinitz in *The Art of Helping People Out of Trouble* and in several of Miss Mary E. Richmond's case-work classics. More recently, however, attempts have been made to articulate some of the steps by which an understanding relationship between interviewer and interviewee has been achieved, as preliminary to constructive treatment. Technique may be thought of both quantitatively and qualitatively. It is largely a matter of degree when considered in relation to the meeting and overcoming of resistance. It is not enough to have gained *rapport*—which, to be sure, implies the successful manipulation of a certain amount of technique; the process must be carried one step farther. In order to be successful in overcoming resistance more than a casual friendly contact with a person is necessary. When one has succumbed to the persuasive powers of another, an expression of confidence in that person is implied. In this connection a distinction between these two terms, *rapport* and confidence, as used in this paper, should be made. *Rapport* is generally thought of as something more superficial and momentary, though genuinely sincere for the time being, than confidence, which usually comes as the result of longer acquaintance and warranted trust, and is best indicated when the client voluntarily seeks the counsel or help of the worker.

One sees interesting discussions from time to time about the direct and indirect, or personal and environmental, method of approach, together with careful evaluations of the relative merits of each form in the treatment of certain individuals and certain social situations. These terms should not be confused, nor an effort made to make a similar application of them when thinking of the approach to an individual, for there can be but one approach in this case—namely, the direct. In this paper, approach to *problems* will be omitted and the subject limited to the approach to *persons*.

The social worker's technique in gaining the confidence of her client is sometimes compared with the "transference"

used in psychoanalysis. The analogy is well chosen for, from the point of view of the client or patient, the psychological principles involved in both processes bear a resemblance. In the case of the analyst-patient relationship, the patient becomes emotionally dependent upon the physician. This dependence is part of a mother-child relationship in which the patient enjoys the sense of the former dependency and security of early childhood. This is a safe and healthy reaction up to a certain point, but the analyst must know exactly how to utilize and manage this process. The analogy is more accurate when made as between the transference in psychoanalysis and the relationship between social worker and client after "confidence" has been established.

The social worker's technique in gaining the confidence of her client is more comparable to the technique used in medical practice generally, where confidence is established in part through the sympathetic manner of the physician, in which he shows absorbing interest in his patient and a genuine desire to understand and help; in part by frequent encouragement; and oftentimes by the patient's overestimation of the doctor's qualities. With a person of high intelligence it is often possible to argue and philosophize about his difficult situation and, by means of logical thought and persuasion, to help build up a new set of values for and with him. With children, the task is apt to require more time than with adults, for often they have been so thoroughly conditioned to subordination that independent thought and effort are inaccessible as an aid to treatment. Moreover, children ordinarily do not realize the need for analysis or the future benefits to be derived therefrom and so are not able to offer the same amount of conscious coöperation as adult patients.

The relative ease and difficulty the psychoanalyst and the social worker experience in gaining the confidence of their respective clients might be commented on for a moment at this point. When a patient presents himself to an analyst, his visit ordinarily implies several things: (1) that he recognizes the presence of difficulties within himself which he has been unable to cope with satisfactorily by himself; (2) that he recognizes the doctor's superior ability to help him; (3) that

he consults him voluntarily; and (4) that he is willing to give his confidence to the doctor in anticipation of the help to be derived.

The situation in the case of the social worker is not comparable in all of these respects. In the first place, the social worker's position of authority has not become recognized to the same degree as that of the doctor; consequently she is not accorded the same amount of professional confidence. In the second place, the recognition and significance of both social and psychiatric problems are by no means so familiar to the average person as are physical symptoms. And, thirdly, the social worker is often called upon to act in situations in which her services have not been voluntarily solicited by the client. For these reasons, it would seem that her task in establishing a good contact with her client might be greater than that of the analyst, and that some knowledge of his technique would be advantageous.

The extent to which she would be entitled to employ this technique is a matter that cannot be abstractly determined, in view of the varying innate ability and amount of training and experience among individual workers. The danger of the social worker's dealing with her client on a transference basis cannot be overestimated, however, and it would be better to err on the side of not getting a transference than to experiment with a delicate instrument which she does not fully understand. Securing a transference may act merely as a crutch to the client—and what he needs is to be taught to walk alone.

In attempting to discover what factors enter into that sensitive interplay between personalities which characterizes the transference—and which, in this instance, will be assumed to correspond to the social worker's technique in gaining the confidence of her client—several things should be taken into consideration:

1. The uncontrollable factors of age, sex, physical appearance, social and economic status, range of experience, and the like. We noted in the first part of this paper that these factors had, in certain instances, an inhibiting influence on the relation between client and social worker. On the other

hand, these same conditioning factors might be viewed as distinct assets under a different set of circumstances. In a certain case, for example, we are told that the social worker "was a married woman, older than the client, with children of her own. . . . Unconsciously her wider experience must have been a recommendation for the wisdom of her suggestions."¹ The above factors must be accepted at their face value and either capitalized or minimized, according to the demands of the particular situation in which they are called into play.

- ✓ 2. The fairly constant, though modifiable factor of the social worker's personality. "Intangible factors such as good will, sincere interest, warmth of personality, have more to do with the results than anything that is said or done."² Judge Lindsey, who has an enviable reputation for his delicate skill in eliciting the confidence of his young clients, strikes the same note when he says, "In this court of human adjustment these virtues, Faith, Hope, and Love, are the only possible tools. We use them without sentimentality. . . . We use them because they are sound means of producing certain psychological effects. We use them because they work. . . . I do not mean that the application of such principles in the lives of people can ever be mechanical or that it is ever twice the same. What I do mean is that such work is a nice and difficult art; and that its instruments can be used with precision and certainty by human artists who are trained to do creative work in the field of human relations. . . . It calls for psychologic technique which is exact and scientific; and it calls also for an exquisite, almost subconscious *touch faculty*, a gift of adaptability, which is creative and original. . . . By such methods, so applied, we successfully reach people and change their lives."³

Patience, "born of sympathy, of trained insight, and of vision", "eagerness to be of service", "loyally keeping faith", frankness, and encouragement, are a few of the needed assets

¹ "The Art of Helping Through the Interview," by Lucia B. Clow. *The Family*, July, 1925.

² "The Traveler as a Case-work Problem," by Dorothy E. Wyaor. *The Family*, December, 1925.

³ *The Revolt of Modern Youth*, pp. 345-346.

in the personality make-up of the social worker, according to Miss Richmond.¹ And lastly, though perhaps it deserves primary mention, a fine sense of the human equation, supplemented by a capacity for vicarious experience and the power of objective evaluation, is essential.

3. The more mechanical knowledge which may be cultivated through observation, training, and experience, and which may help to offset deficiencies or limitations in either of the above. Certain platitudes are inevitable in a review of this sort, but must be mentioned for the sake of inclusiveness. "Certain general suggestions which are always good, such as those of hope and courage and of one's own competence and understanding, should be conveyed almost unconsciously in the voice, appearance, and manner. . . ."²

Going on to more specific points, one might make such injunctions and exhortations to the social worker as the following: "We let the client know that we are at ease and that we have time to listen and consider."³

Discussion of subjects other than the one of immediate importance gives the interviewee an opportunity to get acquainted with the worker and tends to remove uneasiness and suspicion.⁴

"We speak with raspy, querulous voice, and our auditor is all on edge. . . . We proceed with a frank, cheerful manner, and we get frank cheerfulness in return."⁵

Allow the interviewee to give free rein to his pent-up feelings. (Cf. the catharsis technique of the psychoanalyst.)

Allow time for reactions after an emotional upset. "Stimulating a client into formulating plans immediately following an unburdening has proved to be futile sufficiently often to warn against it with much emphasis. On the contrary, giving the client time to settle down to the comfortable feeling of being free to think and to make his decisions has over and over again brought the best of results."⁶

¹ *What is Social Case-work?* pp. 108-109.

² *A Manual of Psychotherapy*, by E. Yellowlees, M.D., p. 76.

³ "An Attempt to Articulate Processes," by Mary S. Brisley. *The Family*, October, 1924.

⁴ *The Art of Helping People Out of Trouble*, p. 68.

⁵ *Influencing Human Behavior*, by H. A. Overstreet, p. 15.

⁶ "Opening the Way," by Anna Vlachos. *The Family*, October, 1924.

Avoid unnecessary argument, contradiction, and dictation. Detect, and then avoid the discussion of, "sore points".

Never betray to the interviewee that his resistance is annoying.

Defer treatment until a friendly understanding has been established with the client.

Ignore excuses or agree with them as far as possible and then proceed with the interview.

Anticipate objections as far as possible and answer them in a few words.

Meet, never ignore, objections.

Approve the interviewee's good intentions, ambitions, and resolutions.

Forestall negative answers by not giving the interviewee a chance to express them, so that they do not become established as a mental habit; start him in the affirmative direction.

"We never adopt a defensive attitude, and are willing to discuss misapprehensions and prejudices frankly."¹

Distinguish between sympathizing and patronizing.

Kinship in interests with the interviewee²—for example, discussion of native customs with foreigners, reminiscences with old people, swapping camp stories with a Boy Scout, and so forth—creates a spirit of friendliness with the interviewer.

"The plan that carries through is the plan that is a man's own. Suggest it to him, perhaps, but only as a thought for him to digest and to make a part of himself. Offer him the stimulation that comes from a meeting of minds, from the action and reaction of ideas, from the thinking out loud with some one who understands; edit, perhaps criticize, but let the authorship remain with him. It is both his right and the way of his salvation."³

Whenever possible, have suggestions come from one to whom the interviewee looks up, or whom he considers an authority.

Stories of other people's success are usually effective in stimulating a person to put forth effort.

"Frequently it is helpful to *match what the person in*

¹ Mary S. Briailey in *An Attempt to Articulate Processes*.

² *The Art of Helping People Out of Trouble*, p. 67.

³ *The Art of Helping People Out of Trouble*, p. 155.

1. trouble is revealing with a revelation of something in one's own life. It reassures the man in trouble to learn that the handicap or the difficulty which he had thought to be unusual is familiar to others, and that the person who is listening to his story has faced a similar problem. There is a value in the mere sharing of experiences. It gives a person a sense of security to find that his confidant is ready to give of himself as well as to take."¹

Avoid making appeals to action on a personal basis. "Nothing is weaker, less constructive, and less permanent. The contact between helper and helped usually is temporary. Remove the personality of the one who makes this plea and the reason for the course of conduct which he urges is likely also to disappear. This objection obviously does not hold where . . . the motive appealed to is that of making happy some one with whom there is a continuing relationship. [For a client] to have acquiesced for no other reason than because he recognized the well-intentioned earnestness of the social worker would have been a scant guarantee of his holding to the plan that had been proposed. Personality, in the sense of the unconscious attraction which one human being exercises over another, must almost inevitably be a factor in motivation, but it should seldom, if ever, be deliberately used to influence decisions."²

The expression, "Silence is more eloquent than words", is familiar to all, but perhaps not many have thought of its conscious application as a bit of psychiatric technique. It is not always sufficient to know what to say in a given situation, nor how to say it, but what not to say and when.

"The trouble with the expository method is that the sense of superiority is all on the side of the expositor. . . . Now, let the expositor ask you a question—not for quizzing's sake, but because he is interested to know your answer. The implication is that you can answer it. The situation is reversed. It is you, now, who are momentarily the superior. The speaker is deferring to you."³

¹ *The Art of Helping People Out of Trouble*, p. 65.

² *Ibid.*, p. 199.

³ H. A. Overstreet in *Influencing Human Behavior*, p. 20.

Only a few of the various aspects of the interview have been selected for special consideration in this study—namely, the approach, the manner and attitude of the worker, and the selection and use of appeals as incentives to action.

Approach.—The particular type of approach made to an individual is contingent upon a variety of factors. The amount of information on hand about the individual and the circumstances that brought him to the attention of the social worker determine largely whether she approaches him with a conscious display of assurance or whether she must “feel her way” by tactful questioning at every turn. One’s self-confidence must be tempered with just the right amount of deference for the other person’s opinion, however, else the latter’s egotism and sense of independence are offended, and antagonism toward the worker results. The interviewee’s desire for or objection to the social worker’s interest, his previous satisfactory or unfortunate experience with other workers and social agencies, not to mention the nature of the particular problem or the emergent or chronic state of the immediate situation—these and many other considerations might be thought of as guiding the social worker’s technique of approach.

The initial approach is greatly facilitated when a knowledge of the interviewee’s predominating characteristics, his interests or aversions, and something of his social, financial, or cultural background is available from an unprejudiced source before the interview. In forming an opinion of a person from such data, however, it is necessary to guard against making hypotheses that will preclude a more suitable approach. When such information is lacking, the social worker is dependent upon her quick powers of apperception, “intuition”, and that sensitive “feel” which so far has defied definition, but which is vital to every good contact. It has been argued that too careful premeditation of the line of approach might create a feeling of self-consciousness on the worker’s part which would interfere with an easy and natural contact. This is, of course, possible, but it does not preclude the exercise of a judicious amount of forethought in the planning of an interview.

Dr. Bernard Glueck gives an admirable “prescription” for

an acceptable psychological and psychiatric approach to a *problem* which is equally applicable to an *individual*, as illustrative of the attitude of mind with which the worker should or should not approach her client. "The very contact with a problem in human behavior by the physician or the social worker already implies an intent of understanding and service. Such difficulty as they may have in keeping themselves free alike from the 'holier-than-thou' attitude or from a moralizing self-indulgence or from a search for an original sin of one kind or another as an explanation of the trouble is apt to be a difficulty of inexperience rather than one of wrong intent. More extensive and intimate contact with the problems of life and the greater self-knowledge that this ordinarily brings to the healthy-minded worker are bound to remove one after another of the obstacles to the cultivation of a proper attitude for understanding and service."¹

Manner.—In one of Phillips Brooks' sermons the following quotation is found: "When men try to get hold of the secret of your life, no friendship, no kindness, can make you show it to them unless they evidently really feel as you feel that it is a serious and a sacred thing. There must be something like reverence or awe about the way that they approach you."

It is almost a truism to say that it is unreasonable to expect the confidence of another until one's trustworthiness has been established. Somehow the worker must convince her client that she deserves his confidence. There is no use in telling him so, though there are those who must be reassured on this point. The worker must be genuinely interested and friendly, must have an honest desire to understand and help; for if she has not, no amount of training will make her successful in the art of human adjustments.

To sum up a few unrelated, but pertinent facts in regard to the worker's manner, it is not so much what is said, but how it is said, that is important. To inspire the confidence of a client, it is imperative that the social worker impress him with her ability to help. Care should be taken to guard against the betrayal of personal feelings toward the client's unconven-

¹ *Psychiatric Treatment and Probation*, by Bernard Glueck, M.D. MENTAL HYGIENE, October, 1924.

tional behavior. Care should also be taken to avoid the display of biased points of view, lest the client adopt an attitude that he feels would meet the pleasure of the social worker, regardless of whether or not it bears any relation to his own genuine feelings. In children especially the stimulation of fear or favor is apt to color response.

Appeals.—Here, as in the consideration of the line of approach to be made, knowledge and understanding of the interviewee is an aid in determining the choice and range of appeals most likely to succeed. Timeliness of appeal is another factor of the utmost importance. The appeal in and of itself may be the precise one for use with a particular individual, but delay or prematurity may cause it to fail miserably. The relative success of the use of abstract and concrete appeals depends somewhat on the degree of intelligence, education, and range of experience of the interviewee. An appeal on the basis of an intangible ideal, such as loyalty, sense of justice, or the finer sentiments, might quite reasonably be less likely to produce results in a person of low-grade intelligence than an appeal more nearly within the range of his daily experience—an appeal, for instance, of a more concrete nature, in which the time between the stimulus and the response is short and results are quickly realized.

The list of appeals given below, though by no means all-inclusive, is, nevertheless, too long to permit of individual examples, but several pertinent process interviews and concrete illustrations of the use of appeals have been selected from case-record material for citation:

Achievement; adventure; affection—respect; altruism; fulfillment of ambition; challenge; chivalry; comfort; contrariness; emulation; fear; sense of freedom; good taste; gregariousness; sense of humor; ideals; feeling of inadequacy; independence; indignation; intelligence; interests (hobbies); sense of justice; desire for leadership; love of humanity; loyalty—to person, group, cause; ownership; parental feeling; patriotism; pity; prestige; pride—personal, family; protectiveness—toward self, others; reason; religious faith; rivalry, competition; feeling of security; self-interest; self-regard; sentimentality; sex; shame; desire for social es-

teem; social usage; sportiveness; sportsmanship; sympathy; vanity; satisfaction of wants; will power.

As has been said, a wisely calculated choice of appeals is often the solution of a very difficult problem.

Esther J. had had a baby when she was thirteen and had guarded her secret stoically for nearly five years. Not once in all that time had she voluntarily discussed the matter with any one, her mother included, and she obdurately withheld the identity of the father of her child from the probation officer and church friends who interested themselves at the time of her trouble. Since her removal from her own home at thirteen, her course had been planned and actually steered for her by well-meaning, but over-protective adults. For two years after her confinement, her life had been supervised, almost to the point of suppression, in a church boarding school for girls, and for the last two and a half years she had played a willing substitute in the lives of her childless foster parents for the natural children they had been denied. A natural tendency to apathetic acceptance of what others provided for her, fostered by the ministrations of sympathetic friends, had made difficult the establishment, or even awakening, of a sense of initiative and independence.

By the time she came to the clinic, in October 1925, for advice regarding attacks of depression, from which she had been suffering for the past two or three years, she had built up what appeared to be an impenetrable wall of resistance. The girl's foster mother gave as much of Esther's history as she knew, both as to the nature and supposed cause of the attacks, which she described indiscriminately as "sulking spells" and "spells of depression", and her early sex experience. The psychiatrist felt that it would be a point in therapy if the girl could be brought to discuss the supposed cause of her mental conflict voluntarily, and for this reason she was not told of the clinic's knowledge of her "past". This tentative assumption was corroborated by the chance discovery, a few weeks later, of a letter in her waste basket, addressed to the social worker, which read in part: "I want to write and tell you something which I am unable to gain courage to say to you when I see you again. When I was a girl of thirteen,

something happened to me which seemed to wreck my whole life. . . . At the time when I have those spells I feel depressed and melancholy. My mother and brothers and sisters are on my mind, but the thing which preys on my mind most of all is the *thing* which—well, was a sort of a crisis in my young life. . . . This thing was not my fault at all.”

Almost simultaneously with the discovery of the note, the foster mother reported that Esther was having another of her “spells”. It was important, for purposes of a differential diagnosis, to make accurate observations during an attack in order to rule out the existence of an incipient psychosis. Furthermore, the psychiatrist felt that the girl’s threshold of resistance would be lower under strong emotional strain and that she might seek relief from it at such a time by unburdening herself. The social worker accordingly called for Esther at the close of school. A very friendly relationship had already been established between the two, and between Esther and the psychiatrist, in the month she had been under treatment.

Worker observes Esther in the school library a moment before making her presence known. She is flushed and looks sad. She gives worker a perfunctory smile, however, when approached. She says she has a good deal of work to do, so worker agrees to wait for her at the entrance of the building until the library closes. When she appears, she is walking languidly and wears a “hang-dog” expression. Worker attempts some light conversation, which draws slight response from her. She is not in the mood for joviality. The foster mother is entertaining guests, so it would be impossible to talk with Esther at home, even if this seemed advisable. The interview is, therefore, held walking up and down the streets. It is very cold, but Esther seems inclined to saunter. She drags her remarks as well as her steps. Some explanation of worker’s unexpected visit seems due her.

Worker: The reason I came out to-day [Tuesday], instead of Thursday, as planned, was because Mrs. Bradley telephoned this morning that you hadn’t been feeling as well as usual the last couple of days and wanted an appointment with Dr. L. He happens to be out of town, so I thought I had better come out and see whether there is anything I could do in the meantime. Mrs. Bradley did not go into detail and I haven’t seen her this afternoon, so I shall have to depend on you for the details. (*Esther makes no response.*) From the way Mrs. Bradley spoke, I thought perhaps you might be having one of your “spells”, as you call them. Have you felt that way?

Esther: Why, no. But I didn’t know Mrs. Bradley was going to call you up.

Worker: Well, she probably felt she owed it to Dr. L. to let him know

when you weren't feeling well, since he asked her to and she promised she would. (*Esther is satisfied with this explanation.*) There probably was something in your attitude that made her think something was the matter that she should let Dr. L. know about. Did something happen over the week-end to upset you?

Esther (trying to minimize the whole affair; quite positively, but without changing tone of voice): Nothing that would apply to anything Dr. L. would be interested in.

Worker (not convinced that the "thing" is of negligible value, and hopeful of persuading Esther to the same point of view): Sometimes we aren't able to know just what is important and what isn't, ourselves, so maybe this thing might have significance. For that reason, perhaps we should tell Dr. L. and let him decide. (*Nothing but silence from Esther.*) But perhaps it is something you had rather not discuss?

Esther (ready to dismiss the subject): Yes, it is.

Worker (avoiding the coaxing method in vogue with the foster parents, but making the facts of the matter clear, in a patient tone of voice): Well, that's perfectly all right, Esther, but just remember that unless Dr. L. knows what does bother you, he can't do anything to help straighten matters. You see that, don't you?

Esther: Yes.

Worker: And please don't think that it is curiosity on our part that prompts us to inquire into these things. But I know you understand, too, that that isn't our motive, don't you?

Esther (apparently less inclined to drop the subject in the absence of pressure): Oh, yes. (*Proceeding in a noncommittal way, with no intention of giving it all at once, if she can arouse the worker's curiosity*) But this was just a misunderstanding with Mr. Bradley.

Worker (in as matter-of-fact a way as possible, with no display of surprise, excess interest, or curiosity, beyond the point of getting just enough of the facts to understand the present difficulty): Well, misunderstandings are likely to happen, most any time, and with everybody. How was it? Did you do or say something you shouldn't have, or did he do or say something he shouldn't have?

Esther (still evasive): Both, I suppose.

Worker: I see. Those things are usually a fifty-fifty proposition.

Esther: I guess I took something he said the wrong way. He probably didn't mean it the way I took it.

Worker: Oh, I see. (*Pause.*)

Esther: When I showed him the Latin paper I got an A on, he pointed to some marks I have in my book as much as to imply that I cheated. But we use different books in tests, that are passed out by the teacher and aren't marked. I don't think he really thought I cheated, but I took it that way.

The interview proceeds more freely from this point on and a frank discussion of the present situation ensues. At the end she says that as far as she is concerned, the affair is over and will be forgotten. Her tone of voice and facial expression do not indicate any change in inner feeling, but the social worker takes her at her word and expresses approval of her broad-minded attitude.

Analysis of Technique.—The “tack” that both the psychiatrist and the social worker had taken with Esther from the beginning was to treat her as her seventeen and a half years deserved. A great deal of the responsibility for the ultimate success of her treatment at the clinic was placed on her, since she was obviously in the best position to bring to light whatever was troubling her. It was made clear to her that the psychiatrist and social worker would be glad to help, but that they would have to depend largely on her for cues. It was in pursuance of this plan to encourage self-reliance in her own judgment and ability that the social worker placed the decision of whether or not she would discuss the present situation squarely on her own shoulders, after first explaining simply and clearly why a knowledge of the facts was necessary. She accepted the “ultimatum” by an immediate statement of the trouble.

The sincerity of the foster mother, with whom Esther frequently identified herself, was spoken of, in the hope of stimulating her to the same degree of coöperation with the psychiatrist that was shown by Mrs. Bradley.

The inevitability of misunderstandings was accepted as a universal fact, so that she need not feel that her recent disagreement with Mr. Bradley was in any way unique or reprehensible.

This interview failed to elicit an acknowledgment of the suspected cause of her depression, but from the standpoint of overcoming the resistance that manifested itself at the beginning of the interview, it may be said that some appreciable amount of success resulted from the social worker's choice of appeal to action—namely, reliance on the girl's own ability to make a wise decision, given the facts.

We often read that much of Dr. William Healy's success in handling cases of juvenile delinquency has come through his remarkable ability to win the confidence of a child and “to make him feel that it is for his good to unearth the facts of the case—what there is that is troubling him, and how he first got into the way of stealing, for example. The subject's self-concern is here given a new and unusual slant; it is turned

towards unearthing the true facts, instead of distortion of the facts for protective or aggressive purposes."¹

A play upon self-interest appears in the following case, though in a less constructive light than in that cited above:

Mrs. Platski had been exposed to a variety of wily appeals from the social worker on the subject of recommitting her fifteen-year-old feeble-minded, epileptic boy to the state hospital for epileptics, in the absence of home supervision, but none had "taken". The approach to any discussion of the matter had always been on the plane of altruism: Paul would forget all of the good habits he had learned during his first stay at the institution, if allowed to remain away without systematized training, and that would interfere with his future chances of being perhaps partially self-sustaining; there was the constant danger from street accidents, since he could not be trusted to stay near home while his mother was away at work all day; and was it fair to other children—not only her own, but those in the neighborhood—to have Paul at large when she knew how terribly he had frightened them during one of his attacks?

So far, Mrs. Platski had failed to respond at all in the way the social worker had hoped she might, and it was not until appeals of a negative nature—or rather appeals to less noble motives—were tried that any impression was made. When the social worker reminded her of the recent burglary which had occurred one day when Paul had gone away and left the house unlocked, and warned her that if anything happened to Paul in her absence, she would be responsible and would suffer any blame that might be attached to her negligence, she saw the matter in a different light—for her self-interest had been touched to the quick.

Arousing a patient's interest in the solution of his own problem and then helping him to view it objectively are often the most important steps in the direction of his "cure".

Tom G., at the age of twelve, was still having "temper tantrums". They were a rankling source of humiliation to him and the cause of much punishment, misunderstanding,

¹ "Psychological Experience with the Interview", R. S. Woodworth. *Journal of Personnel Research*, August-September, 1925.

and general household unhappiness. The parents' failure to control the boy's outbursts brought them finally in despair to the clinic. Tom came under protest, and quite naturally so, for he had been told that he was going to a place where "the meanness would be taken out of him". That was enough to arouse a spirit of defiance in the boy, which made him resistant to any discussion of his problem with the psychiatrist.

The social worker's investigation revealed a home situation in which the boisterous enthusiasm of five older brothers had left the parents irritable and tired of hearing about the vital and bursting interests of twelve-year-olds. "Yes, yes, I've heard all about that before," and, "Run along, now. I can't be bothered with such matters", had had the inevitable effect of forcing Tom to entertain himself as best he could within the home, rather than submit himself to the repeated rebuffs of his elders.

His absorbing interest at the time was a toy set of chemical apparatus, with which he carried on fascinating, but harmless experiments. One day the social worker found him busily engaged in his playroom, which the family had delegated to him in order to "get him out of the way", as Tom himself diagnosed their generosity. The social worker accepted his invitation to join in some experiments. This very simple, but concrete demonstration of her interest made the first breach in the wall of Tom's resistance. In due course of time the worker was able to draw a simple analogy between the kind of explosion that sometimes occurs in a laboratory and Tom's own "explosion" in a "temper tantrum". It is perfectly obvious that in order to prevent future explosions of the first type, it is necessary to know what caused the present one, and in order to do that, one must analyze the ingredients of the experiment. In the same way, when something goes wrong with a person, it is necessary to know all the possible things that might account for the trouble. With this approach, Tom was stimulated to apply some of his "research instinct" to the solution of his own mental difficulties; and once he was shown the scientific reason why it was necessary for the doctor to know the "ingredients" of his mental life, no further opposition was met.

Challenge seldom fails to evoke response—even from four-year-olds, as is demonstrated in the following illustration:¹

“Clarence had to have iodine put on an abrasion for the first time.
“‘Do you know how I can tell how old you are when I put iodine on this bruise?’

“‘How?’

“‘It will tickle you a little. Might even hurt some. If you scream and kick, I shall know you are a baby only two years old. If you cry and fuss, you are just four years old. But if you merely say, “Ouch!” and laugh and dance the iodine dance that goes something like this [making appropriate gestures, ridiculous enough so that he laughed] you might be as old as SIX!

“‘Now we’ll see if you are two or four or SIX!’

“Clarence was four.

“‘I’ll bet you’re only two.’

“Tense moments. Then—‘Ouch! Ouch! OUCH!!!’ and hilarious laughter and dancing sparkling through tears.

“‘So big! How did you do it?’

“‘Oh—I yist grewed up.’”

In adults mental mechanisms are apt to be more complex than in children and greater skill and flexibility of technique are demanded in coping with them. The following cases illustrate rather well the use of trial and error which was necessary before an appeal was made that “worked”.

For nearly three years, seventeen-year-old Esther J’s foster mother had considered the girl’s occasional periods of mental depression, during which she would refuse to talk or eat, “sulking spells”, and had relied on the coaxing or scolding technique—according to her own emotional state at the time—to bring the girl out of them. It was not until a chance acquaintance with a social worker was made and she was referred to the clinic for study that Esther’s problem was given the careful consideration it deserved. The possibility of a pathological etiology for the “spells” was, for the time being, ruled out, to the satisfaction of the psychiatrist. An environmental cause was, therefore, to be sought. An investigation at the school was made at the same time as that at the foster home.

The purpose of the following interview with the girl’s Latin teacher was to determine whether the behavior she displayed

¹ From Overstreet’s *Influencing Human Behavior*, p. 289.

at home extended to her outside contacts or was restricted to her foster parents.

Miss Higgins leaves a small meeting of teachers to come to the door when she sees worker outside. She is sleek in appearance and is probably in her late thirties. There is a determined expression about her mouth and her eyes lack life. Worker feels that she will be inflexible and anticipates a cool reception. It comes.

Worker (as pleasantly as possible): Miss Higgins?

Miss Higgins (eying worker closely and making no sign of a cordial greeting): Yes.

Worker: I see you're busy in a meeting so perhaps I'd better return later to see you. It's about one of your pupils. I'm Miss X—— from the —— Clinic.

Miss Higgins (her mouth is the only part of her face that moves; her expression is stern and forbidding): Well, what is it you want?

Worker (with great deference): I wanted to talk with you about Esther J., but I can postpone it until you are at leisure.

Miss Higgins: What right have you to be inquiring about her? Are you her guardian?

Worker: No, just a friend, but——

Miss Higgins: Well, it seems to me it's up to her guardian to come to me if anything is wanted.

Worker: I have just come from Mrs. Bradley's and she knows that I was coming to school to talk with Esther's teachers. It was quite agreeable to her.

Miss Higgins: Well, you should get permission from the office for anything like this.

Worker: I have talked with Miss Eldridge [dean of girls] about Esther before and she gave me permission at that time to speak with her teachers.

Miss Higgins (all possible objections having been removed): Well, what is it you want?

Worker (repeating her pedigree, to avoid further suspicion on the part of Miss Higgins): As I said, I'm from the —— Clinic, where Esther has been coming for advice regarding spells of depression, and the doctor is interested to know whether any abnormality in her behavior is noticed in school.

Miss Higgins (nervously): I don't ever like to say anything against my pupils. (Apparently the choice of the word "abnormality" was an unfortunate one.) I really think you should talk to Miss Eldridge.

Worker (hastening to correct the mistaken impression): I'm afraid I haven't made myself clear. You wouldn't be saying anything against Esther if you just told me what you had observed of her manner in the classroom, and I assure you it's not a case of "saying anything against" her. It is not to her discredit in the least that she should be having these depressed spells, so you needn't feel that you are doing her any injustice by talking about her difficulties.

Miss Higgins (apparently still unconvinced that she should change her original intention of thwarting worker): Well, I should think Mrs. Bradley could give you the best information about that matter. Why don't you talk to her about it?

Worker: I have been in close touch with her for a number of weeks and she is coöperating with the clinic right along, but often people react differently under different circumstances and environment. We know how Esther reacts at home, but it is important for the doctor's purposes to know how she is in school. I have talked with two of her other teachers and have had some helpful information from them, and I was anxious to get your observations as well. Have you ever noticed any signs of moodiness or daydreaming in Esther?

Miss Higgins (the combination of deference and stimulation of rivalry with the other teachers has a leavening effect): Why, I haven't paid much attention to her, but I never noticed anything abnormal about her behavior. She is in a class composed largely of sophomores, all sparkling students. As I think of her, she usually sits with her head in her hands and always seems to be afraid of being called on. She seems to take high school as just something to be gone through with. She isn't a scholar, but she is attentive in class. She is always prepared when I call on her, but she never volunteers to answer. I wouldn't say that she daydreams because, whenever I call on her, she always knows the place.

Worker: You never noticed any evidence of depression?

Miss Higgins: Why, I thought it was natural for girls of her age to be depressed. I remember when I was her age, they wanted me to stop school, I was so depressed. Why, I even had hallucinations, but I got over them.

Worker: It's quite true that adolescents are inclined to be moody, and a certain amount of it is normal. The condition is not exactly normal when it gets to the point Esther has reached, however. That's why she came to us to be studied—she realized herself that her condition was not quite healthy and that it was interfering with her happiness.

Miss Higgins: Well, what's she going to do?

Worker: She wants to be a nurse when she graduates, but funds for her use are very limited and definite plans for her further training have not been worked out as yet. We're all doing all we know how to give her a feeling of more independence than she has at present because she will need more initiative than she now has when she is on her own. She is retiring and lacks self-confidence, as you doubtless have observed. One of her teachers, recognizing this, is making it a point to call on her to recite more often than she has been doing, just to get her before the class, in the hope of eventually teaching her poise and giving her more confidence in herself. You mentioned that she seemed afraid of being called on in your class. I wonder, if she were called on oftener and saw that her recitations were acceptable, whether she wouldn't lose some of that fear.

Miss Higgins (not wishing to be outdone by the other teachers): Well, I could try.

Worker (seeking her advice): Do you feel she is at all embarrassed by the fact that she isn't as good a scholar as the others in her class?

Miss Higgins (the ice is cracked at last): Well, I don't know. She could be put in another section the same hour with a class of just average pupils, but that would have to be taken up with Miss Eldridge. It would be all right as far as I'm concerned.

Worker: That might be a very good plan. Thank you for suggesting it. I'll talk with the doctor about it and then take it up with Miss Eldridge.

The interview proceeds without any further resistance. Miss Higgins comments on Mrs. Bradley's attractive personality, and draws a contrast between her animation and Esther's apathy. Worker suggests the possibility that Esther also may feel this difference and for that reason may feel inadequate. The idea interests Miss Higgins. She voluntarily remarks about Esther's appearance and asks if she gets enough physical exercise. Worker explains that swimming has been omitted for health reasons, but she will look into the matter to see whether Esther is getting sufficient exercise along other lines. The conversation drifts along amiably, pleasantries being exchanged which evoke a hearty laugh or two from Miss Higgins.

Analysis of Technique.—The time immediately at the close of school was chosen for the interview in order not to disturb Miss Higgins during class hours. In spite of this precaution, however, she was called away from a conference with some other teachers, and, as the head of the Latin department, she may have felt a more than usual amount of responsibility for being present. The social worker's offer to postpone the interview was made with this in mind, but Miss Higgins rejected it and insisted on knowing the purpose of the visit.

Several possible reasons for her resistance, which approximated discourtesy at times, suggest themselves in the analysis. Perhaps she has a strong impulse against interference of any sort, or a naturally suspicious attitude toward strangers, or an overconscientious feeling of loyalty to her students. Assuming these as possible motives, we see that the social worker tried to meet them by (1) trying to avoid interference by offering to defer the conversation to a time that would better suit Miss Higgins' convenience; (2) making clear her own identity and her previous connection with Miss Eldridge and with Esther's foster mother; and (3) explaining why it was not in the least to the discredit of Miss Higgins' student that she was referred to the clinic.

In this case, as in that of Gordon and Don, cited below, the social worker's tone of voice, and her patience in meeting objections without any display of the irritation she felt, were of paramount importance in avoiding what might have become merely an argumentative altercation. The appeal that was finally successful in dissipating the resistance was made

by arousing in Miss Higgins a spirit of competition with the other teachers. Her sense of prestige was touched when the social worker appealed to her superior judgment in the matter of Esther's correct placement in her Latin class—and this brought forth a spontaneous offer on the part of Miss Higgins to make any adjustment that seemed advisable. The social worker again shows her respect for Miss Higgins' opinion by offering to investigate the possibility that Esther may not be getting sufficient physical exercise for her needs.

Gordon P., fifteen, and his brother Don, eleven, American boys of superior intelligence, were referred to the clinic by a juvenile-court probation officer to whom their widowed mother had appealed for mental examinations for the boys because "there was surely something the matter with them"—they were so disobedient and unresponsive to her methods of discipline.

Gordon's facial tic and blinking and Don's hypersensitive-ness and crying spells, which their mother overlooked in her intent recital of their numerous faults, were the most important aspects of their respective difficulties, in the opinion of the psychiatrist. A short interview with Mrs. P. brought forth the tentative diagnosis of a psychoneurotic woman. Considerable antagonism toward the clinic as a whole, and toward the psychiatrist and social historian in particular, had been worked up in the course of the clinical examinations and was not in the least assuaged when the probation officer sent her the confidential report that had been sent him by the clinic, in which the psychiatrist expressed the suspicion that her mental instability was the largest contributing factor in the boys' problems. The recommendations from the doctor included, among other things, the return of all three to the clinic for psychotherapy, with an ultimate view to referring Mrs. P. elsewhere for intensive psychiatric treatment, inasmuch as protracted treatment could not be offered her at the clinic.

It was for the purpose of persuading Mrs. P. to bring the boys back to the clinic for further study and treatment that the home visit recorded in part below was made. The social worker and Mrs. P. had never met before.

The home is visited by appointment. Mrs. P opens the door briskly and motions the worker quickly into the apartment. She wears a worried expression; the horizontal lines above her nose give her an anxious look. There is an exchange of words between her and a neighbor in which she informs the neighbor, with some show of impatience, that she has been waiting twenty minutes for the neighbor to finish using the telephone. (Both phones are on the same line.) She enters, shuts the door hurriedly, and comments on the gossipy nature of some people. The interview takes place in the dining room in order that the boys, whose bedroom adjoins the living room, may not overhear the conversation.

Mrs. P: You said you wanted to ask me some questions. All right, you tell me what you want to know, and then I have some questions I'd like to ask you. (*Without pausing*) What I want to know first is, Who sent you out here and why?

Worker: As you no doubt felt when you were in with the boys, the clinic is a very busy place and there often isn't enough time at the time of the examination to go into situations as fully or as leisurely as is desirable, and so the doctors ask one of us to visit the home afterward and—

Mrs. P: Well, I don't want to have anything to do with those doctors down there. Why, that Dr. X. looks like a commitment case himself. The things he wrote in that letter and what he said to the boys! He's contributing to their delinquency, talking the way he did. He deliberately told Gordon he should not have to go to bed at nine o'clock. I guess I know what time my children should go to bed, and don't need to be told by any outsiders.

Worker: I doubt if he meant to interfere with your management, and it may be possible that Gordon did not interpret his words quite as he meant them, but since there is so much difference of understanding, perhaps you'd like a chance to talk with him personally—

Mrs. P: No indeed. I wouldn't waste my time on him. It is too valuable and I need to conserve my strength for other things. I have a letter to Dr. Y. [director of the clinic] all written, telling him just what I think of him and his whole outfit down there and I intend to send it.

Worker: Would you care to have me deliver it to him as long as I am going right back to the clinic?

Mrs. P: No, I'll send it myself. I know other people that have the same opinion of that place that I do.

Worker: I'm interested to get your reaction toward the clinic, and I am sure Dr. Y. will be, too, because as far as I know there has never been any criticism of the parents' treatment—

Mrs. P: Well, I can tell them a thing or two, and if they go meddling in my affairs, I'll simply turn the whole thing over to my lawyers. My husband was a lawyer and I've got friends among the best and wealthiest class of people. Now, just what was it you wanted this morning? When I asked for that examination, I expected to get some satisfaction, and what satisfaction did it give?

Worker: A report of an examination like that is usually more satisfactory when interpreted in person than when put into a few paragraphs in a letter, and furthermore one interview isn't always satis-

factory. That's why we would like the boys to come down again some time—

Mrs. P.: No, I wouldn't let them come down to see those people. *(She renews her insults on Dr. X. and Miss A, the social historian. She is allowed to give free vent to her feelings.)* When that woman asked me all those questions, I just deliberately threw her off the track. I know as much about such things as she or anybody else because I'm an educated woman and come from a very fine family. She had no business to ask me some of the things she did, and, as I say, I deliberately told her things that weren't so.

Worker: That's rather unfortunate, because, if the doctors don't have a clear picture of things as they actually exist, they can't treat their patients in a way that will do them any good. I wonder if some of the misunderstanding that you feel they have might not come from this very fact? If—

Mrs. P.: No, I don't think so. *(Sneering and returning to the thing uppermost in her mind)* That woman said she'd give them an excuse to take to school for their absence. Do you think I'd have it known at the school that they had been down there? I should say not! I've too much pride for that.

Worker: I wonder if you know that the schools often send their bright children to the clinic for examination to discover what special abilities they may have? Since your boys are of high intelligence, it would be quite natural for the teachers to think that was the reason they had been sent in. *(The idea is apparently a new one to Mrs. P. and she listens quite attentively; for only a moment, however. Worker hurries on to take advantage of her attention.)* In fact, it might not be a bad idea to have them come in for a few vocational tests, especially Gordon, since he is getting to the point where he will begin to think about a vocation pretty soon.

Mrs. P. (interested in spite of herself): Well, who gives those tests? I won't let them see any one they saw before; I don't approve of the way they talk to children.

Worker: Miss B. and Miss C. give the psychological tests. They don't have the time to talk with children, except to give the tests, so I doubt if they talked to the boys the day they were in.

Mrs. P.: Well, I wouldn't have that doctor give them.

Worker: You needn't worry about that, because he does not give them. They would see either Miss B. or Miss C., depending on their schedules for the day. Would you like me to make an appointment with one of them for this coming week? Since Gordon does not go to school until twelve, he could come down some morning at nine o'clock, or, if you preferred, Saturday.

Mrs. P.: Well, I wouldn't mind if he took the tests, but, as I say, I don't want him to talk to Dr. X.

Worker (willing to compromise): You may rest assured that if you don't want him to see the doctor, he won't. *(Trying to clinch the matter while Mrs. P. is in a receptive mood)* Will next Saturday be all right, then?

Mrs. P. (avoiding the issue): Well, I don't know whether he can come next Saturday or not.

The clinic and doctor were so closely associated in her consciousness

that the mention of one immediately suggested the other. Because of the intensity of her emotions and her resulting inability to be reached through logical appeals, it was felt advisable to defer the further discussion of the boys until a later time.

Analysis of Technique.—The challenge to answer to an irate client's satisfaction, "Who sent you here and why?" is not always easy and was made doubly hard in this case by the client's persistent interruptions of the social worker's attempted explanation. However, the worker took every opportunity Mrs. P. gave her to interpose a conciliatory word, making a conscious and consistent effort to speak in as deliberate and quiet a tone of voice as possible with the hope of modifying Mrs. P.'s tense, excited, and vindictive manner. The social worker's willingness to investigate any just criticism of the clinic staff was shown by her invitation to Mrs. P. to return for a more leisurely consultation with the psychiatrist, and her offer to convey her letter of criticism to the director himself. In this way the client was made to feel that her opinions were worthy of respect and consideration.

The unrestrained, unjustifiable attack on the psychiatrist gave the social worker her first cue as to the type of individual with whom she had to deal and the caution that would be called for in order not to arouse further antagonism. It was obviously unwise to pursue the argument of having the boys return at once for consultation with the psychiatrist, if the good will of the mother were to be secured. The worker recognized also that care must be taken not to offend Mrs. P.'s pronounced feeling of superiority, and for this reason, as well as in consideration of Mrs. P.'s overt personal dislike for the psychiatrist, the worker hesitated to set up his judgment against hers by discussing his recommendations in regard to the boys at this time. Accordingly, a modification of the original objective was aimed at. The only favorable change in attitude the social worker was able to effect during the entire interview was in response to her appeal to Mrs. P.'s pride in the boys' intellectual superiority.

Although the interview ended without the achievement of the original objective, nevertheless Mrs. P. was left in a frame of mind that opened the way to future friendly contact; whereas, if the social worker had tried to gain her point at

any odds, a more unyielding resistance on the part of Mrs. P. would unquestionably have resulted.

This case illustrates very well the advisability of "delayed reaction" in treatment when circumstances so indicate, especially when the advice would perforce be offered on the basis of first impressions and not on a thorough understanding of the client.

The efficacy of "cold reason" as an incentive is of doubtful value, according to Overstreet, who asserts that "no appeal to reason that is not also an appeal to a want can ever be effective".¹

A high-school senior, in the throes of extreme mental conflict accompanied by depression, had refused food for nearly a week despite the reasoning, anxious pleadings, and tempting dishes prepared for her by a well-intentioned foster mother. She responded at once, however, when the social worker called her attention to the obvious fact that impairment of her health now—a condition that might result if she continued to disregard the simple, fundamental laws of health—would interfere seriously with her ambition to enter a nurses' training course after graduation.

A similar incentive was utilized on a lower intellectual level in the following case:

Nothing short of a temperature of 106° and the combined physical force of two despairing parents had been effective in getting eight-year-old Abe Y. to the hospital for an operation for an acute ear condition. The problem of getting him to return for follow-up dispensary treatments was even greater, for he now had the horror of again being left at the hospital alone, added to his natural fear of pain. The assurances of his mother that he would not be left were unavailing, for he knew only too well from past experience that her word had very little intrinsic worth. He had come to place a different set of values on the social worker's word, however, and although she sometimes asked hard things of him, such as going to the dentist, nevertheless, she could be trusted.

¹ *Influencing Human Behavior*, p. 33.

Mrs. Y. had repeatedly threatened him with permanent deafness if he would not go back to the dispensary, but the thought of a deaf old age has few terrors for an eight-year-old youngster with a six-year-old mind. Threats of "lickings" from Mr. Y. he had learned could be safely disregarded, because his father spent most of his time away from home with another woman, and when he did come to see his family, he was so busy quarreling with Mrs. Y. that he had no time for Abe—not even to "lick" him.

The social worker called at the home two weeks before the close of the school year. Abe and his tenement pal, Willie, were sitting on the steps, swapping accounts of the latest neighborhood movie thrillers. The social worker slipped into the setting as unobtrusively as she could and soon was listening with interest and sympathy to the tale of the sore ear. Gradually the conversation was brought around to plans for the summer. Had either of the boys ever been to camp? No, but Willie was crazy to go. Abe had been in the country once and it was swell—they even had horses. Gee, but Willie wished he could go! Could the social worker do anything about it? She wasn't real sure, but she'd find out, if Willie was interested. Well, if Willie went, Abe guessed he'd like to go, too. Willie was sure his mother would let him go. That was fine. Of course the camp took only healthy boys. They understood why that was—the people out there couldn't be bothered with sick ones. Anyway, it wouldn't be any fun to be out in the country with a bunch of boys and be sick all the time and have to stay behind when the other fellows went swimming or for a hike in the woods. Well, there's nothing the matter with Willie. How about Abe? Oh, there's that ear that hasn't been taken care of! Too bad, but there's still time to attend to it before camp opens. The sooner he sees the doctor about it, the sooner it will be well and the surer he will be of getting to go to camp. It's too late to go to the dispensary this afternoon, but the social worker can go with him to-morrow. Will that suit him? Yes, it will!

Analysis of Technique.—Mrs. Y.'s orthodox trio of bribes, threats, and beatings, all administered in emotional outbursts of anger and panicky despair, had not the slightest effect in

this case, where the security of the individual was in jeopardy. A calm explanation in one-syllabled, concrete terms of the relation between a healthy ear and the attainment of a desired objective was readily grasped even by Abe's 74 I.Q., however. The element of rivalry was subtly introduced by commenting on Willie's good health and the advantage that would be to him in qualifying for camp, and the ever-present childish spirit of wanting what the other one has was aroused by not only making the objective appear within Willie's reach, but by creating a desire for it in the mind of Abe.

Recognition of the "contrariness of human nature" as a spur to action is taken by De Schweinitz when he comments on the fact that "sometimes the best method of stimulating [people] to carry out what they have undertaken is to advocate an opposite course".¹

Fear is another potent incentive which would hardly qualify as a laudable appeal, yet which, used indirectly, might find justification. In support of this point, Mr. de Schweinitz cites the hypothetical case in which fear of the poorhouse might be the beginning of thrift and foresight in an individual.

The justification of the use of certain incentives, which in themselves are perhaps less commendable than others, is a moot question. One prominent psychiatrist who was consulted on this point said, "Recognition of the other person's [interviewee's] ego should be a continuous, conscious process with the social worker", and to this end the use of flattery is not only legitimate and ethical, but advisable in order to gain *rapprochement* or confidence.

SUMMARY

As was originally stated, the object of the present study was not to discover new principles and prescribe a set of formulas for the achievement of *rapprochement*, but to articulate some of the processes which until recently have been largely unconscious in the mind of the social worker.

It was seen that there were at least five general causes of resistance which, when appropriately attacked, might yield to the skill of the interviewer. It was also noted that there

¹ *The Art of Helping People Out of Trouble*, p. 188.

were certain modifiable as well as uncontrollable, and environmental as well as personal, factors that might condition the type of response of the interviewee.

Technique, in the sense of "the style of performance", occupies as important a place in the realm of human adjustments as it does in any other art or science. It cannot be expressed in scientific terms, neither can it be communicated through teaching. It is something that one evolves and develops rather than creates. One either has the knack for it or one has not—it cannot be imposed from without. Possession of this sensitive touch faculty, however, makes possible its further development.

The acquisition of technique is largely through the deductive method. We say that a certain technique is satisfactory because it has produced the results we anticipated when we set out to use it. Although there is the element of chance in every outcome, nevertheless the art of dealing with people has progressed beyond that point in most instances, and we are now able to predict, with a reasonable amount of assurance, the effect that a certain technique will produce under certain conditions. There is nothing mysterious about this process; it is based on sound psychological principles. It is to the advantage of the social worker, therefore, to acquaint herself with some of the more universal principles of everyday psychology and consciously apply them in her work. It has been shown in the foregoing discussion that there is no one technique that will fit every condition, in view of the variable factors in the personality of the social worker and the client and in each particular situation. Consequently, it is necessary to guard against any tendency toward standardization of approach or technique within the interview.

APPENDIX

OUTLINE FOR RECORDING AND ANALYZING INTERVIEWS *

Purpose (When interview was previously planned, include in interview rather than in discussion)

Physical setting (home, office, persons present)

Approach (may include manner, rapport, motivation)

* Prepared by the Subcommittee on Interviews of the Committee on Professional Practice, Chicago Chapter, The American Association of Social Workers.

Rapport (making friendly contact)

- Revealing one's interest
- Putting interviewee at ease
- Tying up with interviewee's past experience
- Letting interviewee feel that he is leading interview
- Using colloquial language

Development of Interview

Coping with attitude (definition of attitude: "the elements of an attitude are thinking, feeling, wishing, conditioned by early experience"):

- Allowing release of emotions
- Dealing with fears
- Meeting objections
- Presenting facts to get certain response
- Contradiction
- Promises
- Presenting impossible plan
- Letting interviewee present own plan
- Exaggeration of interviewee's suggestions
- Reassurance
- Interplay between personalities other than interviewer and interviewee
- Reasoning
- Contrasting plans
- Informing
- Consideration of difficulties
- Presenting a possible solution
- Compromising
- Planning

Turning point (indicates crisis in conversation, which may not be marked, but always occurs)

Motivation (definition: inciting action)

Use of incentives:

Appeal to prejudices:

- (a) Personal
- (b) Group: racial, national, religious, political, labor, social clubs, etc.

- Interests
- Ambitions
- Pride
- Ideals
- Weaknesses
- Desires
- Tastes
- Æsthetic sense
- Sentiment
- Sense of humor
- Sense of justice
- Altruism

Use of comparisons

Recognition, evaluation, and utilization of new material appearing in course of interview

Practical action of interviewer

Obtaining interviewee's help in details

Presentation of final question
 Clinching with definite suggestions
 Leaving something for interviewee to do.

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PSYCHOLOGY IN ITS VOCATIONAL APPLICATION

A SURVEY OF RECENT LITERATURE

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THAT the psychologist has much to offer business, and industrial adjustment generally, is well recognized, judging from the amount of literature written and read upon this subject. The outstanding contribution of psychology, however, is not in the pages of related facts, but in the application of the scientific method to the study of the human factor in business. Psychology offers a method of meeting human problems, just as, earlier in the history of industrial specialization and organization, engineering contributed the application of the scientific method to the study of physical problems. The distinguishing mark of scientific study is the contribution of ways and methods of dealing with problems. The literature reviewed here very clearly points this out.

Emerging as a result of the application of psychology to the problems of business are several distinct lines of psychological research. A psychology of distribution has been rapidly defining itself as concerned with the problem of influencing human behavior through the mediums of advertising, publicity, and personal selling. Until recently there has been no general book covering this total field, the psychology of advertising standing out as the engrossing subject, but one book reviewed in this group clearly marks a development toward a more general approach.

Another general field of psychological research in business is that of industrial psychology, which studies the psychological problems of the individual in his occupation. Most industrial psychologies written to date have taken the point of view of the employer—that of stimulating industrial effort along lines mutually beneficial to employer and employee in

so far as practicable, but neglecting the motivation of the individual as the major criterion for industrial development. A recent book, *The Psychology of Vocation Adjustment*, by Harry Dexter Kitson, is an exception that should be noted as reaching out toward a broader conception of industrial psychology.

Industrial psychology, as distinct from a psychology of distribution, has a wide range of problems, beginning with the selection process and not ending until every relation of the worker to his work has been studied. Research upon many of these problems has outlined certain definite branches of industrial psychology. One of these, employment psychology, is concerned with the psychological problems of the selection of employees. Research has developed methods of vocational or personnel selection, so that this stands out as a contribution not to be neglected in the administration of large concerns. Recognition of the psychological problems of vocational training has created an industrial educational psychology. As education has come to accept the standpoint of guidance for pedagogy, so industry is approaching this guidance point of view. The worker on the job has been studied from the point of view of the elimination of useless movements, fatigue, problems of efficiency, and coöperation. In this field of industrial psychology there is a variety of literature, much of which is of a highly specialized nature. The work of the Gilbreths in time, motion, and fatigue study well illustrates these problems. In addition there is the psychology of industrial relations. This is primarily a study of social problems, in contrast to the problems mentioned above, which are primarily concerned with prediction and control of the occupational behavior of the individual.

The books criticized in this review will be discussed under the heads of these various branches of applied psychology.

1. *The Psychology of Distribution*.—In a popular treatment of the psychological problems of distributive business,¹ Dr. A. J. Snow analyzes business relations with the consumer in marketing, advertising, and wholesale and retail selling.

¹ *Psychology in Business Relations*, by A. J. Snow. Chicago: A. W. Shaw Company, 1925. 562 p.

In addition, there is a section upon employment problems, particularly as concerns the sales organization. The writer's well-known experimental work in the selecting of drivers for the Yellow Cab Company, Chicago, is presented in detail.

Discussing the psychological nature of the consumer, Dr. Snow enunciates a foundation principle of business: The merchant can only satisfy fundamental human needs—he cannot create them. The desire that advertising seems to create is in reality a secondary desire based upon some need of human nature. The function of marketing is threefold: (1) to discover the needs, wants, and desires of the consumer; (2) to supply merchandise that will satisfy these needs, wants, and desires in accordance with the consumer's buying habits; and (3) to present these commodities in the form that will be most attractive to the consumer. Psychology in marketing deals primarily with the influences that determine demand (subjective and objective), which are individual and family buying habits; community, class, racial, and religious buying habits; emotional, educational, and sex influences; climatic conditions; fads; prices; publicity and advertising; marketing methods; trade symbols and designs; packages; window displays and demonstrations; store locations; selling policies; and so on.

Following Starch's definition of advertising as "selling in print", the writer sketches a psychology of advertising in which the function of advertising is conceived to be twofold: (1) to intensify wants and desires, and (2) to control the means by which wants and desires are satisfied. The point of view is taken that advertising cuts the cost of distribution and production, and hence saves money for the consumer. Retail selling, like advertising, should stimulate sales. The function of the sales-person is conceived to be not only that of selling the customer what she thinks she wishes to buy, but of defining and intensifying the customer's needs and of controlling the means of satisfaction. Wholesale selling is analyzed in a similar manner.

Dr. Snow has brought together in his book a vast amount of practical information which should be valuable reading for any business man. The several phases of distribution have

been subjected, as a group, to psychological study for the first time. A psychology of distribution seems to be taking form. It appears that in general results of much practical value have been derived from attention to the human factors that enter into the buying-selling situation. But this attempt at a systematic presentation of a psychology of distribution only impresses upon the reader the fact that outside the field of advertising—an excellent discussion of which is found in the following book—there is an almost complete absence of quantitative research upon the psychological problems of distribution.

2. *The Psychology of Advertising*.—Beginning with the foundation laid down by Walter Dill Scott as early as 1903, there has been a rapid development in psychological method, technique, and specialized knowledge in the study of advertising. This can be best appreciated by a glance at two books, one of them—*Principles of Advertising*, by Daniel Starch (Shaw, 1923)—a comprehensive treatment of economic, social, psychological, and mechanical factors in advertising, and the other, the book under discussion,¹ by Professor Poffenberger, an inclusive statement of the application of psychological methods of investigating advertising problems. These books can well be used as sources of reliable and up-to-date information both by the advertising specialist and the classroom instructor.

Psychology in Advertising is written on the thesis that all selling and advertising methods must be founded upon a knowledge of human desires and that advertising must be written from the consumer toward the product. "The aim of advertising is the prediction and control of human behavior in a specialized field of activity—namely, the purchasing of goods. . . . If all of the conditions or causes of human behavior were known and under control, advertising could be made 100 per cent efficient." The author holds that psychology makes three contributions to advertising: (1) knowledge of the laws of mental life, (2) knowledge of individual and group differences (exceptions to the above laws of mental life), and (3) methods of measuring human reactions.

¹ *Psychology in Advertising*, by A. T. Poffenberger. Chicago: A. W. Shaw Company, 1925. 632 p.

Examining the variety of devices for presenting the advertising idea, Dr. Poffenberger considers the stimulating situations (what the advertiser calls the "appeals") to attention, feeling and emotion, memory and belief. Six stimulating influences to attention are discussed in their appeal, by means of the inherent intensity of the stimulus or because of native motivation or experience. Magnitude, repetition, and location of the advertisement are among these influences, also color and illustration. Perceptions in advertising are found to be incomplete, the part that is seen coming to stand as the whole. Commodities have certain signs that become closely associated with them, and the use of these for other purposes means that mental resistance must be overcome. Confusion of signs and trademarks occurs because similar sensory cues come to stand for different things. It is found that psychological tests may be used to determine the likelihood of confusion between signs or trademarks.

The influence of feeling and emotion in determining behavior in response to advertising appeals is given a rather exhaustive analysis. The emotional effect of copy, color, language, illustrations, type faces, topography, isolation, lines, and form is subjected to quantitative treatment. Memory, too, is found to play a vital part in all advertising, and methods of measuring memory values are discussed. Belief and conviction are subjected to analysis in an attempt to understand these abstract and often mystically treated subjects. Belief and desire are found to be very closely related. The correlation coefficient between belief and evidence is plus .42, while that between belief and desire is plus .88. Beliefs do not rest so much upon evidence as upon wants or desires. The relation between what one wants and what is supported by evidence is indicated by a correlation coefficient of minus .03. Which all points to the need of a better understanding of human desires as the foundation for effective advertising.

Psychology in Advertising is a monument to the astonishing advance in applied psychology, when it is recalled that practically all the quantitative work upon advertising has been done during the last fifteen years. While including a comprehensive survey of the facts of measurement, the psycho-

logical method that has been applied to the study of human reactions to the advertising appeals is offered as the most significant contribution. As a systematic treatment of the psychology of advertising the work appears to be almost a general psychology, with its illustrations drawn from advertising, which is but another testimony to the thesis that any applied psychology is psychology and that the engineer, sociologist, practical psychologist, advertiser, or personnel executive who wishes to apply psychology to specific situations must first learn what is psychology.

3. *Industrial Psychology*.—Three books representative of many excellent publications dealing with the problems of industrial adjustment are H. D. Harrison's *Industrial Psychology and the Production of Wealth*¹; *Linking Science and Industry*, a symposium, edited by Henry C. Metcalf²; and *The Psychology of Vocational Adjustment*, by Harry Dexter Kitson.³ The first, a recent book by a British writer, is a lucid and reliable survey of certain phases of industrial psychology. The first chapter is concerned with scientific management, its successes and failures and its neglect of psychology. The second chapter discusses the need of vocational selection and guidance in industry and certain of the problems involved. Fatigue study is taken up in a comprehensive fashion and conclusions are drawn regarding the length of the working day, rest pauses, and so forth. Later chapters consider motion study as a method of studying skill and the adjustment of the material conditions to the worker, and other psychological factors affecting industry, such as piece-work and bonus systems.

Soundness of method and saneness of conclusion are found throughout this book, which should be valuable reading to every American industrial psychologist, whether he be foreman or research worker. While a tremendous and undoubtedly greater volume of psychological research is being carried on in America, the centralization of research by the National

¹ *Industrial Psychology and the Production of Wealth*, by H. D. Harrison. New York: Dodd, Mead and Company, 1925. 184 p.

² *Linking Science and Industry; A Symposium*. Edited by Henry C. Metcalf. Baltimore: Williams and Wilkins Company, 1925. 206 p.

³ *The Psychology of Vocational Adjustment*. By Harry Dexter Kitson. Philadelphia: J. B. Lippincott Company, 1925. 273 p.

Institute of Industrial Psychology of Great Britain under Dr. Myers and by the Industrial Fatigue Research Board under Mr. Wilson has made it possible for workers in Great Britain to check and synthesize their results in a way that has not been possible in America. This situation is evident in Mr. Harrison's book, which does not purport to be an industrial psychology, but to relate several problems of industrial psychology to the economic problem of the increase of wealth.

Linking Science and Industry is a symposium of papers given by scientific and business experts under the direction of the Bureau of Personnel Administration with the purpose of arriving at a better understanding of the contributions of the humanistic sciences to the art of business management. An appreciation of the value of these papers can be gained by a perusal of the list of contributors: H. S. Person, E. K. Hall, William Patten, Alvin Johnson, C. J. Keyser, E. Mosher, R. M. Yerkes, C.-E. A. Winslow, C. F. Haviland, J. H. Robinson, W. H. Hamilton, T. N. Carver, George Soule, H. G. Moulton, Benjamin Stolberg, and R. B. Wolf.

The contributions to this symposium offer a well-balanced foundation for discussion and thought upon human relations in industry from the point of view of management. While none of the papers attempts a review of the facts of industrial psychology, there is a practical shaping of general psychological principles in the form of industrial policies. The following phrases gleaned from the papers are illustrative of the ideas presented:

- Business a service institution
- Application of greater intelligence in business farsightedness
- Recognition of the individual worker as a member of a democratic community
- Organic health is the basis of national progress
- Modern business becomes a capacity-developing institution
- Measurement and control of human behavior
- Physical fitness and industrial efficiency
- Industrial self-expression
- Standard of wages implies quality of labor
- The system of liberty means freedom from authority
- The universal unity of the business world
- Stimulate spirit of craftsmanship
- Supplant acquisitive motive by creative motive
- Self-conscious vocational groups.

This book should be a source of inspirational guidance for management along the lines of the best social policies in industry.

The Psychology of Vocational Adjustment clearly represents the broadening concepts of industrial psychology, in which the adjustment of the individual in an occupation is equally a matter of importance to employer and employee. Vocational guidance has been concerned with the individual's occupational development, vocational selection with getting the best worker for the employer. Both, however, use the same methods, are part and parcel of the same undertaking. Industrial psychology is the science upon which vocational guidance and selection rest, and Dr. Kitson shows its relation to both these practices. ✓

Taking up first the signs of vocational maladjustment, Dr. Kitson offers a remedy for lack of interest in the work through the following of two rules: give information and arouse activity in the occupation. It must be remembered, however, warns Dr. Kitson, that there are and always will be certain jobs in the world that are monotonous and hard to become interested in, and that there is almost no work entirely free from monotony. This is particularly true in these days of minute division of labor and high specialization of operation. Of late years, however, opportunities have been opened in many establishments whereby workers are stimulated to invent and, in the capacity of shop committees, to help plan and manage. Along with these arrangements go opportunities for workers to share in profits. Under these conditions the worker has strong stimulants to his interest, which gives rise to the much desired condition of company morale. Banning

Continuing the search for signs of vocational maladjustment, Dr. Kitson directs attention to the frequent changes made by workers. Two expressions of occupational instability are distinguished—change of job within a vocational field and change of vocation. Though turnover is rightly considered one sign of vocational maladjustment, it is not regarded as completely bad. A certain amount of change may denote a healthy situation. Modern psychology is bringing to light the fact that the conduct of workers is motivated by

forces that are not always evident, even to the workers themselves. One factor that has been discovered to be effective is the disparity between the ability of the individual and the demands of the work. If a person has more ability than the work he is doing calls forth, he is likely to grow restive and to seek other work. If he has not enough ability for the job, he is likely to give it up, unless, indeed, he is previously discharged for incompetency. Another one of the hidden factors in turnover is the influence of age. Dr. Kitson concludes concerning turnover that the reasons for leaving a job that are most frequently given are really only superficial, that the most vital causes are probably hidden, and that more subtle methods of investigation are required for their detection. To distinguish the normal vocational changes of the successful and growing individual from those of the poorly adjusted one and to determine what per cent are avoidable and what per cent unavoidable is the foremost problem in this field for investigation.

A critical summary statement of excellent reference value is found in the chapter upon vocational analysis. It is pointed out that a vocation, from the psychological point of view, has no existence apart from the worker in it: it is nothing but the worker at work. A vocation should not be considered as static; it is a developing thing. Vocational or job analysis should be a continuous process. Vocational analysis is defined as a process of dissecting a vocation and describing its component elements. The vocational description, then, would be in terms of the human conduct involved, for which the following four principles are laid down:

1. Analyze in terms of the occupation itself.
2. Analyze in terms of the worker at work.
3. Analyze in terms of quantity as well as quality.
4. Make minute measurements.

It is pointed out that while the current attempts at analyses embody mostly qualitative descriptions, to be truly useful they must be further refined by the introduction of minute measurements of these qualities.

It is maintained that effective vocational adjustment requires that the individual (as well as the vocation) be considered from all points of view: economic, social, physical,

physiological, and psychological. Paying chief attention to the last named of these, Dr. Kitson discusses in separate chapters prominent components of vocational fitness: intelligence, special abilities (innate and acquired), and interests. These are comprehensive statements of the results of research and the general trend of psychological opinion. For another group of psychological factors, the volitional, temperamental, and emotional, less information is available, but it is considered that just as careful attention should be given to these in all vocational psychologizing. Following the discussion of what measurement has done in an attempt to understand these traits, the importance of records and ratings as an aid in vocational adjustment is comprehensively treated.

Upon the contribution of science to vocational adjustment the writer places himself on record in a concluding statement: "Science will render its best service in furthering the interests of the individual while he is at work; in helping him to perform his work more efficiently; to become deeply interested in it; to see the future possibilities in it; to prepare himself for them; and to realize them." In answering the question: "What is vocational fitness?" he goes on to say that, strictly speaking, one is never really fit for any vocation. Life may require the individual to make new vocational choices from time to time. Furthermore, the individual may successfully adjust himself to several vocations. Vocational fitness is evolutionary in nature, because of two things: the fluidity of society, which is continually discarding old practices and vocations and taking on new ones, and the adaptability of the individual, who is capable of an unlimited number of adaptations. Finally, it is Dr. Kitson's contention that after having analyzed the vocation, and having completely measured the individual, adjustment should be calculated in *terms of probability*, and for this he recommends the use of a probability table. After which the individual must make his own choice.

Throughout the book adjustment and not selection is the key idea. This is an enlightened point of view for the problems of industrial relations. It is scientific, sane, and social. Vocational adjustment is built around the individual. A successful

vocational adjustment of the individual means the greatest benefit not only to him, but to the employee and to society. Dr. Kitson has written a book that should serve as the foundation for future development of the principles of industrial psychology.

4. *Vocational Guidance*.—*Choosing the Right Career*, by Edward Toland,¹ and *Educational and Vocational Guidance*, by William Proctor,² are contrasted in representing an entirely different literature upon the problem of vocational guidance. *Choosing the Right Career*, written for individual consumption, is representative of many well-meaning, but superficial attempts at the guidance of youth. It is one of the anecdotal sort that characterized the early period of the vocational-guidance movement.

Pointing out the waste in the lives of young people resulting from the lack of a vocational career, the author writes from the point of view that a vocational decision should be made as early in life as possible. General education seems to have little place in this plan of guidance, and to be considered only as it contributes to vocational training. There is no attempt to apply the researches of industrial psychology in a scheme of self-measurement and adjustment to occupational requirements. In addition to the general treatment, there are eighteen chapters representing different occupations, written by the author. These consist of exceedingly superficial vocational analyses. The statements of occupational requirements, besides being exceedingly general, are often misleading and inaccurate and evidently have their basis in personal opinion. While the book is stimulating to vocational thinking, it is not representative of the best literature for the self-guidance of youth.

For some twenty years in this country, and for a very much longer time in the thinking of the world's best teachers, there has been percolating the idea of education as guidance. It has been the aim of the writer of *Educational and Vocational*

¹ *Choosing the Right Career*, by Edward Toland. New York: D. Appleton and Company, 1925. 222 p.

² *Educational and Vocational Guidance; A Consideration of Guidance as It Relates to All the Essential Activities of Life*, by William M. Proctor. Boston: Houghton Mifflin Company, 1925. 352 p.

Guidance to present the subject of guidance from this standpoint of education as a guidance process. The entire field of elementary and secondary education is treated in this manner, and it is the opinion of the writer that "there is need that every one connected with the school system should conceive of education as a complete process". As stated in the subtitle, the book is a consideration of guidance as it relates to all of the essential activities of life.

The divisions under which the principles and methods of educational and vocational guidance are discussed are as follows:

1. Exploration of abilities—that is, discovery of the interests, aptitudes, and capacities of school children. Such guidance activities involve a knowledge of all forms of human measures and ability to interpret the results of these measures.

2. Adjustment of school tasks to the needs and abilities of the children. These activities involve a knowledge of curriculum building, of the grouping of children according to abilities, and of the field of educational opportunities.

3. Cultural guidance, or the direction of school activities and courses with a view to promoting symmetrical growth and development. This involves the cultivation of social habits, correct habits of health, and recreational interests.

4. Vocational guidance, or the giving of counsel and advice relative to the selection of, training for, and entering upon a life career. This means the collecting and imparting of vocational information, help in the selection of and the training for vocational objectives, assistance in securing employment, and a follow-up of individuals for future vocational guidance.

5. Organization of the agencies necessary to carry out an adequate guidance program. This involves securing the coöperation of classroom teachers, the appointment and training of counselors, and the development of research. From this brief statement of the scope of the book, the writer's conception of guidance in the public-school system may be realized. Guidance relates and adjusts the child to the world of opportunity. "It should take him [the child] by the hand and lead him along those paths of self-realization and social

service to which he is best adapted by reason of his mental, moral, social, and physical endowment."

Two fundamental processes are found to be involved in this guidance program—the one for measurement and the other for adjustment. The process of building-up or changing a curriculum through the medium of activity analyses in the various fields of human interest and endeavor makes possible the organization of the entire program of studies in a school system for purposes of guidance. The processes available for the exploration of pupil interests and abilities are of little value unless adjustments and adaptations can be effected through suitable changes in courses of study and curricula.

Tracing the organization of guidance activities throughout the public-school system, Dr. Proctor considers that in the elementary grades the primary concern will be with exploring the interests, aptitudes, and abilities of children, and with determining the rate of progress that is most natural to each child in the mastery of the elementary curriculum. Guidance in elementary school takes the form of educational guidance. All of the subjects of the elementary curriculum would be selected from the point of view of the contribution that they are supposed to make to the fundamental preparation for complete living. In the junior high school guidance begins to be concerned with the discovery of and preparation for life careers. Exploration and orientation should receive the greatest amount of attention. In the senior high school, guidance takes the form of assisting the pupil to select the curriculum that will give him the best specific training for his chosen life career. Educational and vocational guidance are very closely related. Educational guidance is defined as "consisting of all such school activities as have for their purpose the guidance of pupils in their choice of schools, course of study, or curricula, as well as all activities connected with the discovery of individual differences and the adjustment of teaching methods and content of subjects to the needs and abilities of children". "Vocational guidance embraces all those school activities specifically designed to assist individual pupils in learning about, choosing, preparing for, entering upon, and making progress in occupations." But the guidance function of education has not been fully realized in educa-

tional and vocational guidance. There are specific social-civic objectives for the promotion of standards of school citizenship that will later function as ideals and habits of adult citizenship. The public school is considered to be the logical agency to undertake the task of guidance along moral and ethical lines. "Moral guidance involves all those exercises and activities designed directly or indirectly to develop a sense of moral values, and, through participation in such exercises and activities, to stimulate the formation of appropriate habits, characteristics, and ideals of individual and social conduct." Also, guidance in the selection of an avocation, and training along avocational lines, will not be ignored. From this summary statement it will be seen that the total aim of guidance is to develop self-directing personalities and that the clinical idea of guidance is to dominate all activities of the public-school system.

Dr. Proctor has outlined an extensive program of guidance which necessarily suffers from lack of intensity of analysis due to what is not known. While the book does not purport to go beyond the program of the school system, there are contributions from clinical work generally, the application of which might have made this program of guidance more intensive in methods of individual analysis. Here also industrial psychology might have made a more substantial contribution. Furthermore, to the reviewer at least, the book appears padded with discussions of educational methods that are but vaguely allied to the guidance problem.

Educational and Vocational Guidance, however, supplies a real need for a workable syllabus for guidance courses. It is systematic in its handling of the many phases of the guidance problem. It embodies the clinical and research ideas important in any program of guidance. There is much in the book of more than academic interest. Education viewed as guidance is but another statement of the individual point of view which advanced industrialists are coming to consider in dealing with the worker. Dr. Proctor has done a much needed service to the guidance movement in bringing together scattered methods and programs of guidance activities.

5. *Employment Psychology*.—A comprehensive picture of the application of scientific methods to the problems of per-

sonnel or vocational selection will be found in *The Psychology of Selecting Men*,¹ a new book by the editor of *Industrial Psychology*, in which the aim and purpose is avowedly to eliminate from current employment methods the hearsay element and to subject established procedure, which lacks a scientific foundation, to a mathematical psychological study. The first portion of the book constitutes a critical survey of traditional methods; the latter portion, a description of scientific methods of selection.

The Psychology of Selecting Men surveys the literature upon the distribution of human abilities, the problem of special abilities, human types, psychological tests, and the reliability of vocational selection based upon letters of application, personal interviews, photographs, and other means now used in the employment office. The topics discussed in the volume include the field and function of employment psychology, the extent and nature of individual differences, the applicant's industrial history, measuring the success of employees, measuring the relation between personal data and fitness, group comparisons to find characteristics of fitness, and the use of psychological tests in selection.

Dr. Laird expresses a distrust for many of the current practices of the employment office. Among these is the personal interview, the most exclusively used of all methods. "By far the most important reason", Dr. Laird says, ". . . for the prominence given the personal interview is the confidence that each of us has in our ability to size up a man through observation and conversation." Dr. Laird takes the personal interview into the laboratory to test its validity, and finds that it has little more than chance value for predictive selection. Another employment practice that receives violent condemnation is the use of pseudo-scientific methods spoken of as character reading or analysis phrenology, physiognomy, or astrology. After reviewing the false bases and misleading conclusions of these practices, Dr. Laird ends with a caustic comment to those who encourage their use and should know better.

¹ *The Psychology of Selecting Men*, by Donald A. Laird. New York: McGraw-Hill Company, 1925. 274 p.

"What do you suppose was discovered in the newspaper columns this morning? An advertisement of a course of lectures to teach the ever gullible readers how to read character at sight. . . . And not only is this course of lectures that are fraudulent in teaching to be given, but given in a building devoted to the most exact of the applied sciences—the Engineering Societies Building in New York City. Shades of the Middle Ages!"

The Psychology of Selecting Men is exceedingly interesting reading. It is a well-balanced discussion of the problems of employment psychology with one exception—the use of tests, which does not receive the attention it merits. Other problems are treated with marvelous practical application. Dr. Laird's book is as complete a presentation of the subject of employment psychology as there is in print.

6. *Bibliography of Industrial Psychology*.—The most complete bibliography upon personnel problems in industry in existence is *Personnel Administration*, by William and Diana Rossi.¹ It covers the period from 1919 to January 1, 1924, listing some 2,750 titles, which are classified under the following heads: personnel administration, employment, health and safety, education and training, research, employment service, rewards, administrative correlation, and joint relations. It is the plan of the writers to publish annual supplements to this bibliography.

The whole field of industrial psychology is well represented, more inclusively than elsewhere, in this bibliography. The book should be a valuable contribution toward the stimulation of psychological research in business.

¹ *Personnel Administration; A Bibliography*, by William H. Rossi and Diana I. Powers Rossi. Baltimore: Williams and Wilkins Company, 1925. 365 p.

THE PSYCHOLOGICAL VERSUS THE PSYCHIATRIC METHOD IN INDUSTRY*

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Psychological method.
THE psychological method as generally applied in employment makes the *possession* of mental ability the basis of judgment of an individual's worth as an employment risk. His general level of intelligence is ascertained and is usually expressed as an intelligence quotient. This I.Q., as it is commonly called, is the quotient obtained by dividing the mental age of the individual by his age in years. If mental age and chronological age are the same, the quotient will be 100; a higher or lower quotient is considered to indicate that the individual is more intelligent or less intelligent than he would be expected for his age. Mental age can be determined by quite a number of different methods. It represents the standardized performance ability of the average child of the age in question as derived from the study of a large number of children.

In addition to the intelligence test, certain other tests may be given to determine speed of mental operations, accuracy of performance, quickness of perception, manual dexterity, ability to remember and recall, ability to learn quickly, and other mental qualities and abilities. The jobs are then analyzed with special reference to the kind of mental traits that are necessary for their proper and successful performance, and the individuals are placed in them on the basis of the test results. This method assumes that people have special abilities that fit them for certain jobs and that all one has to do is to devise a test or series of tests that will reveal these abilities and then assign the jobs accordingly.

* Delivered before the Fifth Monday Nighters Medical Society, New York City, November 29, 1926.

But let us look at the psychiatric method. The psychiatrist knows from his experience that the *possession* of intelligence and mental ability—accuracy, quickness of perception, and all these various mental qualities—is one thing and the *ability to use them efficiently* is quite another. Mental ability is like the engine in an automobile; but it is necessary to have not only an engine, but a driving force behind it to make it go. Feelings, emotions, and desires give it life, motion, and direction. And there is as yet no method by which the psychologist or any one else has been able to measure incentive, industriousness, ambition, application, and so forth—those qualities that are manifested as the result of a complex of feelings, emotions, wishes, and desires. The psychiatrist knows also that the individual is not static—that his personality is continually changing as the result of the interaction between his environment and himself. No matter how intelligent a person is, how accurate he may be, how quickly his mind perceives, he will not succeed in any position unless he has incentive, unless he can focus his mind continuously as well as efficiently upon his tasks. Deep conflicts in his mind, repressed desires, feelings of inferiority, bad trends of personality, are only some of the things that interfere with his actual performance on the job and that cannot be measured or, in fact, even discovered except by a trained observer who sees the individual as the psychiatrist does.

To be sure, it is necessary to know how much intelligence a person has, how accurately he functions on certain tests, what special abilities he has, and the like. But we must know many other things before we can undertake to size him up and place him correctly in industry. His home conditions are very important, and so is his social position; above all his whole past life must be examined minutely in camera by a trained observer who can discover therein traces of abnormalities of personality and character that may make of him a liability instead of an asset as a personnel risk. His past decisions in connection with his school life, with his relations to his playmates and friends, will give an important clue to his future decisions. His past employment record—how long he worked in each job, why he accepted it, why he left it, how

long he was idle between jobs, and so forth—often shows up his personality as no measures of mental abilities can ever do.

And quite often we find persons who are not very intelligent according to our tests, who show up poorly in speed, accuracy, and other qualities, and yet who have made good in actual work. They are more nearly 100 per cent efficient at their own mental level than many others with greater mental ability.

Neither can mental tests discover psychoses, except those that involve very apparent defects in intelligence. Psychoneuroses almost always escape detection as well. Border-line states, such as constitutional psychopathic inadequacy, also elude the tests.

It is, therefore, necessary not only to give employees psychological tests, but to study them as individual entities from the psychiatric standpoint, in the light of all the facts obtainable from all sources—that is, as psychiatric problems, using the psychological findings as a very necessary part of the whole picture.

Quite often we find persons with fine intelligence, good risks from the psychological point of view, who do not make good because of the psychiatric difficulties involved. The case of V. R., for example, illustrates this point clearly.

Case I.—V. R.; aged 22. This boy was referred to us by Dr. B., who is in the dental department here in the store. Dr. R., a brother of this boy's, is Dr. B.'s office partner in his private office. Dr. B. thought that the boy had intelligence, that he was wasting his abilities doing mechanical work, and that he was unhappy in his present position.

Physical: This boy seems to be in good physical condition.

Mental: His tests show superior intelligence of a high grade—I.Q. 129. He is rated good in learning ability and arithmetic and fair in speed and accuracy. He stammers slightly at times, more markedly when he is interviewed or when he is called upon to speak rather suddenly. He is a little sensitive and gets upset rather quickly, has a tendency to introspection and self-analysis. He is rather unhappy and has not been able fully to satisfy himself in his life so far. He states that his work is not very interesting, that he is not particularly efficient at it, and that he won't stick at work of this kind. He is of the dependent, help-seeking type—does not stand on his own feet, seems to have some difficulty in making decision, and has never yet been able to hit upon just what he wants to do in life. He seems to lack persistence, but this apparently is mostly due to his not having been able to find any work that interests him fully.

Social: He is single, lives with his parents, and seems fairly well

to do. His father was a doctor; his mother has always been very nervous and is oversensitive; a sister is recovering from tuberculosis. He has had three years of college work—in Columbia one year and Ann Arbor two years. When he was fourteen, he ran away and went to sea. He stayed away for about a year, but came back home and finished school.

Employment history: He was in an architect's office for six months, but could not keep up his interest in that kind of work. He was also a reporter on the *Harlem Home News* for a short time, and left for the same reason.

Summary: This is a case of very high intelligence with a personality that is loosely organized and not very well integrated. The boy has never found the work that appeals to him and to which he can devote his best efforts. He seems to be rather full of himself and to be more interested in his own thoughts and ideas than in accomplishing results in the work at hand. He has the best intentions in the world and should make an extremely good man if he can be put at work that will keep his mind actively interested and in which he will feel that he has a good chance of advancement. He is the type of fellow who will not work hard and efficiently unless he sees rather definitely a desirable goal which he can attain with a fair degree of certainty.

Recommendation: This boy is a psychiatric problem and should have psychiatric treatment by the conference office. He saw a psychiatrist some time ago and had some of his reactions explained to him. In the meantime he should be transferred to work of a more interesting type, better suited to his good mental ability, and if possible with some chance of advancement in it. If there is nothing in his department of this character, perhaps he could be used as a correspondent, as he writes a very good letter. Possibly he could be put on the training squad, as he seems to be pretty good material from some points of view.

As we have said, psychological tests do not detect psychoses, psychoneuroses, or border-line conditions. For instance, we have F. P., who is an example of a psychotic case that slipped by the mental tests with good ratings.

Case II.—F. P.; aged 30; employed about September 20th.

Physical: Rated A by the hospital, in good physical condition.

Mental: I.Q. 98, good average intelligence. Is good in his arithmetic and learning tests and fair in accuracy and penmanship. This man talks very erratically and has a suspicious and worried expression. His conversation is rambling and he starts long discussions that never reach the point. He states that he has alternations in mood—that when he came here, he was in a depressed spell, but that now he is feeling very well and is in an excited stage. He had a nervous breakdown in 1914 and was in Binghamton State Insane Hospital for eleven months. He states that since that time he has had these alternate depressions and exaltations. The following is an example of his conversation: "I had chronic universal eczema. I was given up to die by two specialists and transferred to another hospital. I play the violin. You will see the most complicated history in the world when you see mine. To

prove I'm broadminded, I married a Catholic and I am turning a Catholic myself. I painted a lamp shade and a candle for my wife to-day during the noon hour. This is sort of funny for a fellow to be doing this. I was late when I got back and I knew something was up when Mr. Elroy spoke to me about it."

He says that he likes his job and wants to stay right where he is, but he insists on being put in charge of the shack. He says, "I want to get ahead and, by God, I will! Nobody's going to keep me from it." He mentions a number of different names and places, which he seems to remember quite well, though they seem to have no particular significance in his conversation.

With reference to his childhood, he states that he was the favorite of his parents on account of his violin playing, and because of his stomach trouble, which he developed at the age of seven, and his acute eczema. He states that he always had to be favored as a child. His brother has meningitis and "burned his brain, and he is working in a laboratory. He is very dependable, but with his \$15 per week he has more now than I have with my \$10 a night."

F. P. is reported as having been a very quiet, good man when he first came here to the store, but lately he has been running around, talking loudly to himself, telling funny stories, and writing illegibly. He states that "the boys seem to think I am different from what I was a week ago, but I was in my depressed spell then and I would just let them say anything in the world to me and take it, but I knew what they were thinking of me, and I know what they think of me now. I won't stand for it now. I'm feeling fine and my brain works great. I am going to insist to have a better job and going right up. Nobody's going to hold me down." All of this information was given in an illogical, erratic, disconnected manner, interrupted by extraneous, irrelevant expressions. He has indefinite ideas of persecution and bad luck.

Social: He is married, but has no children. His wife is a nurse and is at present working at a settlement. She was formerly a nurse in a skin and cancer hospital, and this boy states that he married her after she had nursed him back to health. He states that he is \$6,000 in debt, \$5,000 of which he got from his mother who mortgaged her home for it. He is vaguely worried and depressed over this. He has had a great many jobs.

Summary: This boy has good intelligence and mental ability and on his mental tests alone would make a very acceptable employee, but his personality is extremely disorganized and there is marked displacement of his thoughts and his feelings in regard to these same thoughts and ideas. He shows disorder in judgment and probably has ill-defined paranoid delusions. He does not admit any hallucinations. He is a case of mental disease.

Recommendation: Lay-off. He is possibly beginning another psychotic episode. Refer for treatment to Bellevue Psychopathic Department.

As an example of the psychoneurotic types that slip by the mental tests, we submit the case of S. R.

Case III.—S. R.; aged 25; employed 11-11-26 as cashier.

Problem: This girl was referred by the superintendent of cashiers on account of her poor general attitude.

Physical: Height 5 feet, 2¾ inches; weight 147½ pounds. Systolic blood pressure 110; vision 8/10 each eye. Seems to be in good physical condition except that she is overweight.

Mental: She secures a rating of average intelligence, I.Q. 101. She is good in arithmetic, good to fair in speed and accuracy, fair in motor dexterity. She has done fairly well as a cashier, although she has had a few shorts, but she is reported to be a "great discipline problem. Seems to be more or less of a Bolshevik. Told other girls she won't kill herself for \$10 a week. She threw apple peelings all over the floor. Is uncoöperative with her supervisor." She seems to be a psychoneurotic type; says that she is depressed and worried and gets extremely lonely and blue. She admits to daydreaming, both at her work and a great deal of the time when she is at home. She is very badly introverted. She suffers a great deal from her self-consciousness, her feelings are very easily hurt, and she says that she has an inferiority complex of which she has always been aware. Of course she is very badly integrated and has been unable to pursue one line of effort very long at a time in her life career. She has rather a neglected appearance and feels extremely unhappy and futile.

Social: She is single, living in a furnished room here in New York. She has two sisters married, and two brothers who are here in business. She has one twin sister who was very much more beautiful and more attractive than she was, and she feels that this was the origin of her inferiority complex. She had three years of high school, eighteen months training as a nurse, and a special course in psychology at Columbia.

Summary: She is a psychoneurotic, badly introverted, and seems incapable of helping herself.

Recommendations: Lay-off, on account of her serious personality difficulties and uncoöperative attitude. Refer to Vocational Adjustment Bureau and to Psychiatric Clinic at Bellevue Hospital for treatment.

As an example of the border-line conditions not discovered by the test we submit case M. T.

Case IV.—M. T.; aged 24.

Physical: Height 5 feet, 6 inches; weight 130 pounds. Rated fair by hospital on employment. This boy's past health history is rather significant. He states that he has had everything a fellow could have and come out alive. Says he has had several bad accidents and was operated on for appendicitis. He gives a glowing description of accidents that he has suffered and calls himself a battle-scarred veteran. At the present time he complains of a lot of indefinite symptoms, such as headaches, tired feelings, and eye strain, which are caused by the bad air and poor lighting in the sub-basement where he has to work.

Mental: He secures a rating of average adult intelligence—I.Q. 103. Is rated poor in speed and learning tests, good in accuracy and arithmetic tests. He did not seem to concentrate well on his tests and worked erratically and often laughed out loud. On examination, he had a visionary facial expression and talked very volubly and effusively. He

pursued no line of thought continuously and would often make irrelevant remarks. His voice was fairly well modulated, but had a plaintive tone. He speaks continually of his college education. He uses very flowery English, mispronounces words, often uses long words and uses them incorrectly. He seems to be visionary and impractical, and he gives voice to half-baked theories and ideas, which he seems to understand only partially. He speaks rather egotistically of his abilities, but always adds some remark that has a tendency to take away the impression that he is egotistical. He states, "I have worked up some important theories in regard to colors, harmony, and tones. I could hear a piece of music and tell you the color that would go with it. You might call me a hypochondriac. My mind is full of ills, and I'm a battle-scarred veteran. There is no such thing as luck; your future is in the palm of your hand. I am an expert violinist. My friends tell me that I am good. Of course, I am no Elman, but I give concerts and have chamber music home." In speaking, he laughs quite often and interjects remarks such as "a squirrel in a treadmill" and "old Anglo-Saxon expression, 'hoist by his own petard'".

At the present time, he seems to be developing persecutory, paranoid ideas involving his supervisor. This man is persecuting him. He states: "There is a development of intrigue in my department and there is a fellow downstairs who is not treating me right. He can't add a column of figures, he can't even talk English. He tells me things and I can't hear a word he says, and he does not make things clear to me, but he will be caught up with some of these days."

In spite of this boy's superiority in his own mind, he has not been able to make good. He says that a Jewish boy has no chance in the advertising business. Although he had a university education and specialized in marketing and advertising, he was very depressed when he got out of school and found out that things were wrong, and that there was no future for him. But he does not worry now, as luck will come his way some time.

Social: He is single, living with his parents. He has two brothers and two sisters. He states that his brothers and sisters are not in sympathy with him and that they have nothing in common. He is closer to his parents than they are and seems to regard himself rather as the favored child in the family and to look down on the others. He went to New York University at night for four years and graduated. He studied marketing and advertising and he claims several honors and prizes in this sort of work. During one vacation, he claims that he made over \$2,000 selling an insecticide and helped his mother buy their home, but in spite of this, he felt that he should go back to school and finish his course.

Employment history: He claims that he was the confidential assistant and executive correspondent of his uncle for five years and left because he had no chance for advancement.

Summary: This boy has only average mental ability and should be much more intelligent than he showed himself to be if he graduated from a university. He feels, however, that he is very intelligent and is full of ideas as to his own superiority in various fields. Also, he is very visionary and impractical and probably spends a great deal of his time daydreaming. He seems to be developing paranoid ideas. At any rate,

he certainly overestimates his ability and is probably perpetually in a state of conflict over the way his efforts are received by the world and his own ideas of them.

Conclusion: This boy is a psychiatric problem and is probably developing a psychoneurosis or a psychosis.

Recommendation: If his work is not of particularly good value, he should be laid off, as he is a potential personnel problem. Refer to a psychiatric clinic for treatment. Suggest Mount Sinai Hospital.

We also have examples of persons who test very low on mental tests, but who have good performance ability on the job. We submit the case of M. B.

Case V.—M. B.; aged 19; employed 8-11-24 as clerical worker; transferred 2-3-25 to sales at \$15.00.

Problem: Referred by buyer as promotional material. Very promising.

Physical: Height 5 feet, 1 inch; weight 100 pounds. Seems to be in good physical condition. Is rated good by the hospital.

Mental: Subnormal intelligence, I.Q. 78. Is rated poor in learning ability and in speed, fair in accuracy and arithmetic. She is a very pleasant, agreeable girl. Is bright and always cheerful. She is very accessible and cooperative. She is neat and well dressed. Seems well adjusted and has no conflicts so far as can be ascertained. Is considered one of the best salesclerks in the department.

Social: She is single, lives with her parents, and has no domestic problems. Went to school only through Grade 7B and left at the age of fifteen. Was retarded in school.

Summary: A girl who has low intelligence, but who is doing well at her work and who is considered very good material and a promotional possibility by her superiors.

Recommendation: She is still very young, and should be retained in her present position for a while. She is a promotional possibility later on.

These are only a few examples of the many cases that we find in our daily work which prove that psychological tests are insufficient of themselves and should be considered only as part of the picture that the psychiatric method of study gives of an individual.

THE PATHOLOGICAL NATURE OF MENTAL DEFECT

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MENTAL defectiveness is a social condition which has as its chief characteristic an abnormality of intelligence originating in the pre-adolescent periods of life. The nature of this abnormality of intelligence is such that the individual lacks the capacity to understand what is perceived by others, is unable to act in such a manner as to achieve what he is striving for, and is unable to make correct combinations of new material. In other words, he suffers from lack of progressive adaptability to a degree that renders him incapable of carrying over and applying the experience gained in one situation to a new, yet similar problem. Common sense is wanting.

Intelligent achievement depends upon the proper selection of the material to be associated. An inability to associate freely and logically results in concepts that are insufficient and unclear and that have inaccurate limitations. For the same reason complicated abstract ideas and abstract concepts are falsely construed.

Intelligence, although a biological function, is measured and evaluated in terms of social usefulness. Even the various tests for evaluating intelligence are nothing but the adaptation of a measuring stick graduated mathematically on the basis of social, educational, and industrial requirements, the last two being subdivisions of the requirements of society.

Intelligence, presumably a function of the forebrain, is that faculty peculiar to human beings whereby they are enabled to perceive, store up, associate, and utilize stimuli and experiences of the past in dealing with situations of the present. Stimuli are picked up by the specialized end organs of the nerves of the special senses and carried along the afferent pathways finally to reach the forebrain. Here the impressions

gained from these stimuli are stored in, presumably, the cells of the supragranular layers of the cortex. The incoming stimuli are not apperceived, even though they may be perceived, until they are interpreted by means of association through the association tracts with other contemporary as well as previous stimuli, the latter implying the presence of memory. On the efferent side, obviously we cannot have intelligent action without the proper qualitative and quantitative relationship of perception, apperception, memory, and, in particular, association. Nor can intelligence function properly without adequate channels through which it can be expressed.

In addition to the structural basis for intelligence, it seems safe not only to assume, but to insist that there is some sort of a metabolic, bio-chemical, or hormonal equilibrium that is essential to insure efficient functioning. In support of this assumption, we would call attention to the response of the cretin to thyroid medication. To emphasize further this statement, we would say that, even in the presence of a quite adequate structural basis, there can be imperfect functioning of intelligence, due to an improper equilibrium of metabolic, bio-chemical, or hormonal constituents.

A third factor, the factor of emotion, also has no small part in intellectual functioning. It is almost superfluous to state that intelligence functions at its best only in the presence of rational emotional balance and the absence of disturbing conflicts and complexes. It is entirely unnecessary to cite any proof of this statement; its truth is apparent.

With this threefold conception of the basis of intellectual activity, we can proceed to analyze and classify the kinds of deviated intelligence and explain their production mechanistically.

ALTERATIONS OF STRUCTURE

Alterations may occur as a consequence of trauma, using this term in its broadest sense, or they may be the result of developmental insufficiencies or anomalies.

1. *Afferent structures*.—If we may be permitted to create an imaginary human being deprived of all the special senses, we could unequivocally state that he would be an individual totally deprived of intelligence. For in spite of the fact that

we would grant him a fully developed brain, with fully developed efferent pathways and all the rest, his behavior would be wholly purposeless and unintelligent. Although he would be capable of memory, he would have no material to store because its entry would be debarred. For the same reason, although he would be capable of apperception and association, he would have nothing to apperceive and nothing to associate. What I want to point out by this exaggerated illustration is that not only the presence of the various special senses, but their presence in perfection is the first requisite to the building up of intellectual functioning.

The implication is clear and to the effect that a disability of one or more of the special senses, particularly sight and hearing, may play a part in inefficient functioning of the intelligence of temporal or permanent significance, depending upon the chronology of its occurrence, how soon the condition is recognized, how well it can be remedied, or how successfully technics of specialized training can be substituted.

2. *Central structures.*—Bolton and Watson, in support of Tredgold's statements regarding alterations in the cerebral cortex, have demonstrated by their work on comparative histological anatomy that the more highly evolved the species, the more complex is the architecture of the cerebral cortex. The most important part of the cerebral cortex is the supragranular layer. It subserves the higher thought processes and is, therefore, the layer through which education largely works. It is the layer that is last developed, having at birth attained only 50 per cent of its ultimate adult thickness. The infragranular layer is relatively and absolutely well developed in the higher mammals as in man. It is supposed to be concerned especially with the associations necessary for the performance of the instinctive activities—that is, all those that are innate or that require for their fulfillment no experience or education. Judgment, common sense, and reason, evidenced in behavior—in a word, social efficiency—are dependent upon the control of the activities of the infragranular layer by the supragranular. It is obvious, therefore, that intelligence is closely related to the complexity of development of the supragranular layers of the cerebral cortex. Inferentially it can be claimed that any insufficiency—whether

of traumatic or developmental origin—is manifested in an inefficiently functioning intelligence. No matter how well an individual is provided with afferent pathways and how favorable all other conditions may be, his capacity for the storage of impressions is limited by the architecture of the supra-granular layers of his cortex. If the capacity for the storage of impressions is limited, then it follows that the material for associative activities is reduced, and hence that the capacity for intellectual functioning is lowered.

The clinical inference here is that the severity of the intelligence deviation is dependent, in this instance, on the extent of the structural alteration, and the permanency of the intelligence deviation is dependent on the permanency of the structural alteration. We may have a condition in which the intellectual function is temporarily in abeyance as a result of the cerebral structures being thrown out of operation by an acute, yet recoverable damage, or full functioning may not be possible on account of a permanent alteration (traumatic or developmental) of the cerebral structures.

3. *Efferent structures.*—No matter how complete the afferent and central structures may be in their architecture, intelligence cannot function adequately if there is a serious impairment of the efferent structures or channels through which intelligence is actively expressed. In other words, even though perception, memory, apperception, and association are all present to their fullest extent, their consummation by the appropriate action, which we include as a part of our concept of intelligence as a function, cannot take place. The intelligence is crippled, as it were. How serious a matter this may be depends on the extent to which the efferent pathways are damaged, the chronological period at which the damage was done, and the degree to which it can be compensated for by corrective treatment or training.

Clinically this condition is seen in subcortical and midbrain lesions.

ALTERATIONS OF METABOLIC, BIO-CHEMICAL, OR HORMONIC EQUILIBRIUM

The theory that a disturbance of the metabolic, bio-chemical, or hormonal equilibrium may result in a disturbance in intelli-

gence function, even in the presence of a full complement of structural equipment, is not an idle speculation. It has its proof in other departments of physiology. The heart of a cat can be kept functioning outside of the body if immersed in a solution containing the proper proportion of sodium, calcium, and potassium. Life itself, which is a function, is not compatible with total extirpation of the parathyroid glands. Iodine is essential for the metamorphosis of the tadpole into the frog. Insufficient thyroid secretion results in a reduction of the functional efficiency of the skin. And so on. Innumerable examples could be cited. It is certainly unreasonable, therefore, to think that another part of the economy, the brain, should be immune from like influences. Indeed, we have proof by inference, in the experience of thyroid feeding of cretins, that the brain, as well as other organs of the body, is subject to and is dependent for its function as the organ of intelligence on hormonal substances.

Another angle of this same question is also deserving of comment. It is now apparent that bodily build and periods, rate, and degree of growth are dominated by the glands of internal secretion. It can be reasoned that the same factors dominate the growth and development of the brain. There is some support for this inference in that the adrenal bodies are extremely small in anencephalic monstrosities.

There is not much material for speculation on the metabolic aspect of this problem. However, Bronfenbrenner has brought forth some suggestions in his work on the carbohydrate metabolism of intellectually handicapped individuals. He is able to suggest that the metabolic mechanism of the feeble-minded has its peculiarities.

CONFLICTS, COMPLEXES, AND EMOTIONAL IMBALANCE

To establish a point let us take an extreme example. The intellectual genius would undoubtedly be wanting in common sense and judgment if he should fall ill with a hypomanic state. The functioning of his intelligence might be entirely put to rout by his emotional upheaval. The deteriorated praecox becomes intellectually blocked because he has not sufficient emotional drive to keep his intelligence in action.

The clinical inference here is that we have deviations of intelligence functioning that may be only temporary, clearing up when the emotional situation back of these is ferreted out and corrected. On the other hand, we also have permanent or chronic deviations of intelligence due to emotional imbalances that cannot be cured. Clinical experience offers the suggestion that in certain instances there may be such an overwhelming narcissism in the infant as to prevent the outflow and onflow of emotional drive that perhaps furnishes a part of the urge required for the development of intelligence, and as a result the intelligence becomes fixed at a low level of development.

What I have attempted to convey in the foregoing paragraphs is that various factors enter into the functioning of intelligence, and that in many, many physical and mental conditions we have a deviation of intellectual functioning. This deviation is apparent to the average medical practitioner or psychiatrist and is recognized as a part of the clinical picture. The clinical picture is sufficiently definite, however, for us to visualize its pathogenesis, if not its actual pathology. Hence the symptom expressed by the deviation of intelligence does not occupy the center of the picture, but is seen in its proper perspective along with the rest of the symptoms. The point is, in such instances, that even in the presence of an intelligence abnormality, the case is not diagnosed as "mental deficiency"; it is placed in a more suitable, more fundamental diagnostic category. The most striking example of this is seen in juvenile paresis. Even when we are dealing with a case of the type that has always been intellectually dull and whose progression of symptoms is exceedingly slow, we call him a juvenile paretic, in spite of the fact that his most outstanding mental symptom has been an intellectual dullness.

This tendency—the tendency to focus on the fundamental condition rather than on the symptom as expressed by an intelligence abnormality—is steadily increasing. For instance, in clinical parlance we speak of the mongolian, the cretin, the post-encephalitic, the spastic, and so forth, rather than of the degree of intelligence defect, because it is self-evident that the symptom, intelligence abnormality, is present

and is only one of the features in the case. The use of the term "mental deficiency" as a medical diagnosis remains only for those cases in which the fundamental basis is not clear. They are still a large group, but it is a group that has already suffered from many invasions of the medically trained group and it certainly will suffer from more as time goes on.

To sum up, then, mental deficiency is a condition of social pathology. The social pathology in this instance is chiefly dependent upon some kind of an abnormality of intelligence originating in the pre-adolescent periods of life. Abnormalities of intelligence are based upon structural defects, faulty equilibrium of metabolic, bio-chemical, or hormonal factors, or emotional imbalance or serious conflicts or complexes. These are the pathological bases of intelligence abnormalities and they may have had their origin in one or the other of two sources—trauma, using the term in its broadest sense, or development.

This leads to the postulate that when an intelligence deviation is present to such a degree as to result in social inefficiency, it has a pathological basis. As social functioning is dependent in part on the sum total of human physiology, the various degrees of efficient social functioning are dependent, in part, on biological variations in human physiological equipment. When an intelligence deviation is directly responsible for a characteristic social inefficiency, then the variation has gone beyond physiological limits and hence is pathological and not biological in origin.

All other variations of intelligence to which social inefficiency cannot be directly attributed are not of pathological significance, and hence do not properly belong under the designation of mental deficiency. In such instances the level of intelligence is simply incidental, and the social inefficiency is the expression of personality distortions and emotional conflicts imposed upon the individual by an excessively unhealthy early environment.

In conclusion, we would like to call attention to the fact that an attempt has been made to keep our speculations within the bounds of logic and in each instance we have given one or more of the clinical or laboratory observations from which our speculations have been adduced. These observations have

been gathered not only from the experience of the writer, but from frequent conversations with the members of the medical and psychological staff of Letchworth Village, as well as from the references in the literature appended hereto. This communication pretends to be nothing more than a philosophical consideration of the problem of mental deficiency as a social condition and a medical symptom.

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PROGRESS AND PRESENT STATUS OF STATISTICS OF MENTAL DISEASES *

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THE report of progress that I have to give concerning the movement to obtain adequate statistics of mental diseases in the United States is most encouraging. A few years ago the obstacles in the way of such statistics seemed almost insurmountable. Now, most of the obstacles have been cleared away and the movement will soon reach its goal.

When we remember that the first general census of the insane in this country was taken in 1850, and that ever since that time the workers in this field have been hoping and praying for better statistics, we have reason to be thankful for the accomplishments of recent years and for the outlook for the future.

The failure to reach the desired goal sooner was due primarily to lack of genuine interest in statistical records and to lack of coöperation among institution officials. So long as each institution insisted on using its own classifications, regardless of what others were using, and on keeping its records and making its reports in its own peculiar style, good institutional statistics were an impossibility. The decennial inquiries concerning patients made by the Federal Census Bureau had to be confined to a few simple items, such as sex, age, birthplace, and residence; and frequently these could not be answered correctly. A great step in advance was taken in some states when central state supervisory boards were established and the institutions within the state were required to use uniform systems of records. Later, when the hospitals for mental disease were placed on a more scientific basis, those in the same state began to use the same classifications and to

* Read at the annual meeting of the American Public Health Association, Buffalo, October 11, 1926.

make uniform reports. In New York State, for example, a standard classification of mental diseases and a uniform statistical system were adopted in 1908. That was practically the beginning of worth-while statistics of mental diseases in this country. Previous statistics in this field dealt principally with the insane as a homogeneous group.

The advantages of uniformity in recording and reporting data by institutions within the boundaries of a state soon became apparent, and a few venturesome souls suggested that uniformity in institutions throughout the whole United States would give still better results. Several years were spent in talking the matter over, and several times the conclusion was reached that the scheme was not feasible. The matter kept coming up, however, and finally, in 1917, through the joint efforts of The National Committee for Mental Hygiene and the American Medico-Psychological Association (now the American Psychiatric Association) a standard classification of mental diseases and a uniform statistical plan were promulgated for use in institutions for mental disease throughout the country.

In a paper presented before the American Public Health Association at its annual meeting in Washington in October 1917, I called attention to the importance of the preliminary steps toward better statistics of mental disease that had been taken in that year by these two organizations. Since that time great gains have been made. The standard classification of mental diseases has been adopted by leading official agencies throughout the country, including the United States Public Health Service, the Federal Census Bureau, the United States Veterans' Bureau, the Surgeon General of the Army, and commissions and institutions caring for the insane in the several states. Uniform schedules for recording statistical data concerning patients and uniform tabular forms for statistical reports have been put into use in many states.

Each year since 1918 The National Committee for Mental Hygiene has been receiving statistical reports from a large number of the state hospitals of the country. The number reporting has been gradually increasing, but it has not been possible to secure the coöperation of all of these institutions.

Summaries of the data received have been made and published from time to time. Although these are valuable as representative data, they lack completeness and cannot be used for the computation of rates based on the general population.

On January 1, 1923, the Federal Census Bureau took a census of hospitals for mental disease which covered the patients resident in the institutions on that date and the admissions, discharges, and deaths of the year 1922. The published report of this census was issued in August of this year. The last previous official census of institutions had been taken in 1910.

The 1923 census of hospitals for mental disease differed from previous censuses in several respects. The new features included:

1. The separation of first admissions from readmissions and transfers.
2. The extension of the classification of resident patients, admissions, discharges, and deaths with respect to mental diagnosis.
3. Separate data relating to ex-service patients.
4. Data concerning patients in psychopathic wards of general hospitals.
5. Data with respect to paroles.
6. Data with respect to the administrative personnel of state hospitals.
7. Value and acreage of state-hospital plants.
8. Cost of maintenance of patients in state hospitals.

The emphasis throughout the report is placed on first admissions, as these constitute the best available index of the incidence of mental disease in the general population. Readmissions, to a large extent, consist of cases that have been discharged as improved or unimproved and therefore cannot be considered as new cases of mental disease.

The extension of the psychiatric classification of patients in this census was made possible by the advance work previously mentioned of The National Committee for Mental Hygiene, the American Psychiatric Association, and other agencies. In the 1904 census of hospitals for the insane, the

patients were considered a homogeneous group and no attempt at psychiatric classification was made. In the 1910 census of these institutions, separate, but very imperfect data were obtained with respect to general paralysis and alcoholic insanity, but no other forms of mental disease were distinguished. As the various forms of mental disease differ markedly in etiology, symptoms, course, and outcome, the importance of separate data concerning each form can be readily understood. But, strange to say, nation-wide data relating to the several forms of mental disease became available for the first time during the current year. From the data supplied by the census report, our knowledge of the problems of the various mental diseases has been enormously increased; for example, we now know fairly well the size and significance of the dementia-praecox problem in the United States. We are able to judge, to some extent at least, the progress that is being made in the eradication of alcoholic and syphilitic mental disease in the several states. It is also clear from these data that our mental-hygiene efforts must be specific rather than general if they are to produce the best results.

The last great accomplishment in the field of mental-disease statistics relates to the frequency of collection of data. Thus far the Federal Census Bureau has taken general censuses of institutions at intervals ranging from six to fourteen years. From 1850 to 1890, the census of institutions was taken decennially at the time of the general census. In 1900, the institutional census was omitted, but in 1904 a special census of institutions, including hospitals for mental disease, was taken. This was followed by a census of institutions taken at the time of the general census of 1910. In 1920, the census of institutions was again omitted and a special census was taken as of January 1, 1923. These censuses at long and irregular intervals have proved inadequate. The reports of the censuses when first issued are extremely valuable, but owing to rapid changes in the patient population of the institutions of the several states, they soon become useless as indexes of current conditions. Up-to-date information is now everywhere demanded.

The problem of obtaining current nation-wide data relative

to our institution population has been before committees of national social organizations for many years and has been frequently discussed in committee reports and special papers. The organizations active in the matter include the American Statistical Association, The National Committee for Mental Hygiene, the American Psychiatric Association, the American Association for the Study of the Feeble-minded, the American Prison Association, and the American Institute of Criminal Law and Criminology. In the belief that the time was ripe to secure the desired action by the Federal Census authorities, early this year letters were sent to Secretary Hoover, by representatives of several of the above-named organizations, asking him to call a conference to consider the question of taking an annual census of institutions. The request met with the approval of the secretary and he instructed the director of the Census Bureau to make arrangements for the conference. The conference called by the director met in the office of the Census Bureau in Washington, April 28, 1926, and was attended by representatives of ten national organizations and by the director of the census and his chief assistants.

The conference passed resolutions pointing out the need of annual statistics of institutions and requesting the Federal Census Bureau to make arrangements for the collection of such statistics, beginning with the current year. The resolutions met with the hearty approval of the Census Bureau authorities. Steps are now being taken to compile data for the year 1926, and plans for the annual collection of institutional statistics are being made.

For this great gain much credit is due the Honorable William M. Steuart, director of the Census Bureau, and Dr. Joseph A. Hill, his chief assistant. Ever anxious to serve the public, these two officials have heartily coöperated with representatives of national social organizations in adapting census studies to meet current demands. The National Committee for Mental Hygiene also deserves the gratitude of all workers in this field for its persistency in promoting better statistics of mental diseases.

In closing, I would again emphasize the fact that good

institutional statistics are made possible only by general coöperation. The Census Bureau will provide the necessary personnel and machinery for the annual census of patients with mental disease, but without the coöperation of institution officials the data collected will be neither accurate nor complete. With such coöperation, our hopes for reliable, up-to-date information concerning patients with mental disease throughout the whole United States will soon be fulfilled.

HENRY R. STEDMAN

RESOLUTION ADOPTED BY THE NATIONAL COMMITTEE FOR MENTAL
HYGIENE AT ITS SEVENTEENTH ANNUAL MEETING,
NOVEMBER 11, 1926

In the death of Dr. Henry R. Stedman, the cause of psychiatry and mental hygiene lost a vigorous supporter. As a pioneer, in a pioneer state with regard to the treatment of mental diseases, Dr. Stedman achieved an enviable reputation. He was one of the first in this country to foresee the necessity, if the specter of mental disease was to be laid, of making the fight every one's fight. He realized, in the days when mental hygiene was little more than a name, that the medical profession alone would be unable to win the battle. Consequently he was among the first to further the establishment of The Massachusetts Society for Mental Hygiene and was one of the earliest members of The National Committee for Mental Hygiene. Dr. Stedman never failed in his support of mental-hygiene work and through the difficult early years of its development he was in the front ranks of those who were pushing its outposts a little further into unknown territory.

In a high degree Dr. Stedman possessed professional ability, devotion, human sympathy, and an indefatigable determination never to relax high standards of scientific training for those engaged in the work of treating and preventing mental diseases; be it, therefore,

RESOLVED, that The National Committee for Mental Hygiene express to the family of Dr. Stedman its deep sympathy in their sorrow, and be it further

RESOLVED, that the Secretary be instructed to transmit to the family of Dr. Stedman a copy of these resolutions in behalf of the organization.

ABSTRACTS

WHAT CONSTITUTES MENTAL HEALTH IN CHILDREN? By Edward A. Strecker, M.D. *American Journal of Diseases of Children*, 32: 409-15, September, 1926.

The question whether or not a child is in good mental health can be answered only in terms of behavior. That is, "when the conduct of a child consistently and actually falls within normal or average limits, then it may be taken to be the expression of a basically sound personality, while, on the other hand, if the personality is distorted or sick, it will give rise to abnormal action which either reveals or attempts to conceal abnormal thought and mind".

In estimating the normality of any particular individual's behavior, however, the circumstances under which it is displayed cannot be left out of account. "It is futile", Doctor Strecker points out, "to judge behavior without reference to environment. Often, as I listen to a dramatic recital of the 'terrible' and 'awful' things which this or that child does or says, my mind is engaged in a consideration of the surroundings in which the particular child breathes and moves and lives. What are its assets and its limitations; its opportunities and its deficits; its sins of commission and its crimes of omission? Does it leave no choice, and make so-called abnormality the only logical and possible response? If it does this, then the conduct is not intrinsically pathologic. No true scientist would be guilty of reporting the behavior of a laboratory animal without allowing for the characteristics of environment, and yet children are expected to tread on a standardized highroad even though the conditions and circumstances of their surroundings have effectually barred and sealed its entrance! When I attempt to sketch an outline of average behavior, you will have in mind that I am assuming the existence of an environment which is at least potentially accessible in the right direction, and capable of furnishing the needed ingredients in something near the correct quantity and quality."

One of the first signs that the child possesses an inherently sound nervous system is the desire for and the execution of physical motion—the reaching out for new, pleasurable, and varied sensory experiences. "So imperative is this phase of development that its absence or very considerable reduction will not only halt mental growth, but will even impede or prevent the establishment of organic connections in the

central nervous apparatus. If no physical reason exists, then a marked reduction of motor movement is somewhat indicative of defective mental health."

A second sign of mental health in the child is its readiness to imitate those about it and to repeat their activities in its play. If its behavior has consistently no counterpart in the environment, one may begin to suspect some distortion of the personality, which may even progress to the condition known as dementia praecox.

An indirect and subtle form of imitation is the trait termed suggestibility. In regard to this trait, the borderland between the normal and the abnormal is very broad, but there are two extremes that should be interpreted as danger signals. One is a total resistance to suggestion. Like failure to imitate, this inability to accept any influence flowing from the environment is the prototype of the negativism of dementia praecox. The second extreme is an abnormally easy acceptance of every suggestion, so that the child behaves like a delicately adjusted weather vane. The adult condition known as hysteria is the pure expression of this tendency. "Unfortunately, the adequate amount of suggestibility is not measurable, but its pathologic deviation in either direction is fairly obvious."

Another characteristic trait of the normal child is a lively curiosity. "Almost every male parent", states Doctor Strecker, "when he is the subject of a merciless barrage of questions from his offspring, believes that the child is abnormally curious. Almost never is he right. I do not believe I have ever seen a child whose curiosity was so excessive that it could be labeled pathologic. On the other hand, the child who does not pass through the questioning phase, and apparently cannot be stimulated to want to know, and seems unable or unwilling to take any steps to acquire bits of information, is probably not well balanced in his growth.

"The general assumption concerning the abnormal nature of sex curiosity is so erroneous that it should be given particular mention. Usually children are more curious about sex than about other matters simply because sex has been attractively clothed in mystery. One does not face the question as to whether sex curiosity is to be satisfied or not. The real question is, Will it be satisfied in a natural and constructive manner, or is the child to be left to tap every available and harmful source of information? Such behavior as the inspection of his own or the sexual organs of other children is not a morbid phenomenon under the usual circumstances. I am inclined to believe that unless the conditions are quite exceptional, the absence of any sex interest during childhood is an extremely dangerous characteristic. Naturally, sex curiosity may become so excessive and concentrated

that it passes normal bounds, but as often as not, the responsibility is in the environment rather than in the child."

In the days of its babyhood, when every one tries to anticipate its needs and wishes, the child naturally acquires a certain love of power, a desire to hold the center of the stage and dominate its environment. The times comes, however, when it must begin to take into consideration the rights and wishes of others. "It is not an easy matter to know just how much difficulty the normal child should experience, and manifest by behavior, in the relinquishment of infantile power. In some children the struggle is obvious and is almost entirely on the surface; in others the little tragedy is hidden from adult eyes. This much we do know: A certain amount of love of power is natural and normal; its necessary sacrifice entails some degree of suffering on the part of the child; objective demonstration of the unwillingness to abandon power and be relegated to the commonplace background of conformity to social demands is to be expected from the normal child, but, finally, absolute inability to make this compromise and adjustment, as revealed by conduct which by its very persistence rather than by its nature becomes antisocial, is one of the criteria of failure to attain mental health."

A certain degree of savagery and a tendency toward romancing are traits of normal childhood that are very often erroneously regarded as abnormal. Practically every child passes through a phase in which these traits are in evidence. Doctor Strecker questions the future fate of the child without a dash of savagery in its composition. "Life is life, and must be judged by the standards of the age in which we live. The veneer of civilization, which we have been at such pains to apply, is still pathetically thin and often wears through. There is still the grim struggle for existence. The child who feels no thrill in victory will have difficulty in finding a place in the world of reality. The very artificiality of his position will often condition an intolerable situation, from which abnormality offers an easy escape into unreality."

As for romancing, Doctor Strecker regards it as "evidence that the imagination is beginning to grow". It may be used to compensate for a feeling of inferiority; in which case the romancing may not be abnormal, even if the sense of inferiority is. But like other childish traits that are normal at a certain stage of development, both of these last mentioned tendencies call for investigation if they manifest themselves long beyond the usual period.

With the facilities now available, it is possible to determine with a fair degree of accuracy whether a child is possessed of normal intelligence. But here Doctor Strecker warns against the danger of mis-

taking mental retardation—which may be the result of some removable handicap either in the body of the child, in his environment, or in his emotions—for true mental defect, which is hopeless.

As for the child's emotional life, he feels that it would be an extremely difficult matter to define the limits of normality in a child's moods. "The widest latitude is an everyday occurrence, and inconsistency is the rule. To find a prototype of the mood variations in normal children, I am forced to go to mental disease in adults. The intense psychomotor activity of acute mania is usual in the play of normal children. The profound depression of acute melancholia is not uncommon. . . . Even the mood disharmony of dementia praecox, with its odd contrast between feeling, thought, and behavior, and the retirement from the world of reality, may be found in normal children. I should say this much of the complex riddle of the emotional life of childhood: If the stimulus or cause of the mood disturbance is such as is commonly reacted to by average children, then the behavior expression, however strange it may seem, is not definitely abnormal. Finally, and more important, the normal mood life of a child is marked by its flexibility. When we find rigidity and undue persistences, then we have a deviation which is serious."

In judging the normality of the child's moral sense it must be remembered that the moral sense is largely an acquired characteristic, and that the child acquires it largely through imitation and suggestibility. "If the environment furnishes in fair quantity constructive moral material, not by precept, but by example, and it is constantly rejected by the child, then there is a strong suspicion of badly balanced mental health. Naturally, moral deviation may be influenced by such inherent factors as heredity, or by such accidental ones as epidemic encephalitis ('sleeping sickness') or severe head injury."

In the case of all the traits discussed, Doctor Strecker lays it down as a rule that excess is less indicative of a sick mind than marked deficiency.

"The final measuring rod", he sums up, "is the ability to pass through the critical phases and make adjustments somewhere within the average time limits. The greatest tribute I can pay the child is to view him in the light of his adjustment-accomplishment record. Think of how varied and intricate are the adjustments which many children make! How increasingly complex these adjustments become year after year! To mention only a few of them is to outline a gigantic task. There are the organic adjustments, feeding, bladder, bowels, and so forth. Constant revision is demanded. Soon must come the surrender to the requirements of civilization in the matter

of clothing, property right, and in innumerable other directions. Then the upheaval produced by school life or by the advent of a new baby in the household, and the countless accidents and conditions of life, all insisting that the ego be suppressed for the benefit of a larger unity. Then all the finer moral demands have to be placated. Finally, an entirely new set of love experiences are set into motion and they require an effacement of infantile and early-childhood love life. Fortunately, there is a strong natural pull in the direction of successful adjustment making. The goal is the right to live mentally and physically in the actual and concrete world; to share in its rewards, pleasures, and disappointments. Let us not forget, however, that there is at least a potential pull in another direction, away from the making of adjustments. The punishment for this course of action is to have to live mentally and perhaps physically in a world of unreality. Here, one is not permitted to play an active part in the game of concrete life, but there may be certain compensations—notably an absence of responsibility. After all, a true sign of mental health is the willingness to pay the price which one must pay before being allowed actually to live!"

VOCATIONAL TRAINING FOR SUBNORMAL GIRLS: AN EXPERIMENT IN THE GARMENT MACHINE OPERATING TRADE. By Edna W. Unger. *The Journal of Personnel Research*, 5:243-55, October, 1926.

The experiment described in this article was undertaken by the Vocational Adjustment Bureau, of New York City, which is concerned with the vocational placement of maladjusted girls, including under that term the subnormal, the delinquent or potentially delinquent, the neurotic, and those with psychopathic tendencies. The bureau's aim is to fit each girl into the job best suited to her needs by means of a careful analysis both of the girl's own capacities and tendencies and the requirements of the job. Most of the subnormal girls placed by the bureau have been given unskilled jobs with relatively low wages and much shifting about from one job to another. The bureau, therefore, decided to determine by actual experiment whether such girls could be trained in the skilled or semi-skilled operations of a trade. The garment-machine-operating trade was chosen both because of the opportunities it presents and because it makes no great demands upon the intelligence.

The experiment covered the period from July 1923 to March 1925. Work was carried on in a very favorable workroom equipped with thirteen single-needle machines. By arrangements with the board of education, girls from the ungraded classes of the public schools were

permitted to attend the workroom half of each school day for a period of six weeks.

"The class was designed purely for experimental purposes, with no view to training the girls for the trade. Its purpose was to find out by actual trial on the machine whether girls of subnormal mentality are capable of learning to run an electric sewing machine sufficiently well to meet the demands of the operating industries and, if so, what factors contribute to their success.

"The machine work was in charge of a highly trained and experienced grade teacher, and was directed by the writer. As far as possible the atmosphere of the shop rather than of the classroom was maintained and trade standards were adhered to as nearly as possible in every phase of the work.

"Each girl was given the Terman revision of the Binet-Simon scale and certain motor tests, with a view to finding out if a short team of tests might predict success as well as an actual trial on the machine. Careful personal records of each individual, which were considered essential to an understanding of the total situation, were made."

During the period of the experiment 170 girls were tried out, but 52 of these were not included in the final study, 16 of them because their I.Q.'s were above 70 and the others because of incomplete ratings. Of the remaining 118, 112 came from thirteen public elementary schools and 6 from the bureau itself. Their ages ranged from twelve years, four months, to nineteen years, 80 per cent of them being between fourteen and sixteen. The average age was fourteen years, eight months. In mental age they ranged from 5 years, 10 months, to 11 years, 2 months, the average mental age being 8.9 years. Their I.Q.'s ranged from 40 to 70, with the average at 58.

The group as a whole was fairly stable emotionally, though psychopathic trends were noted in several of the girls and it was felt that 39 of them might have benefited by a neurological examination. Such general tendencies as loquaciousness, sluggishness, hypersensitivity, moodiness, and the like were present in 79 cases, and 14 showed personality traits that seemed likely to cause difficulty of adjustment later.

No physical examinations were made, but a number of obvious defects were noted. They included one case of facial paralysis and one of chorea, two cases of hemiplegias and two of defective teeth, four of skin disease, six of various eye defects, thirteen of speech defect, and fourteen of obesity.

The group represented various degrees of school education. Of the six girls referred by the bureau, none was in school at the time of the experiment. One was an elementary-school graduate who had

attended the dressmaking course at the Manhattan Trade School for six months, but had been a complete failure. One had left school in Grade 4A, one in 7A, and two in 7B. One was indefinite as to her grade at leaving. Of the 112 girls still in school, 48 were distributed through grades 4B to 7B, the average grade being 6A. The remaining 64 were in ungraded classes, having been transferred there from various grades, ranging from 1A to 6B. The average grade was 3B.

The course was planned to cover a period of ninety hours—three hours a day, five days a week, for six weeks. "This was considered a reasonable time in which mentally retarded girls might become sufficiently adjusted to a new situation to show signs of ability. Moreover, this period roughly approximates the maximum learning period allowed a beginner by a factory manager in industry (from one to two weeks). Any difference in learning period allowed in the factory and in the testing class makes allowance for the absence of the incentive of monetary remuneration, and also the pressure of the factory which, in spite of every effort, it is very difficult to approximate in a class."

The work of the course was divided into various projects, each involving several of the fundamental operations of the garment-machine trade. These operations were first graded in the order of their difficulty, and the projects were then planned with the grading in mind, each new project involving some or all of the processes of the preceding project, plus at least one new process.

The first five weeks were a test of the girls' ability to master these fundamental operations, each girl being permitted to proceed at her own rate of speed. Many of them reached the limit of their capacity well before the end of the period and did not even attempt the more difficult operations. In the sixth week, having acquired a general working knowledge of the basic processes of the trade, each girl was given an opportunity to do the probable equivalent of what would be required of her in a factory. Girls who had shown themselves incapable of even the simplest operations were excluded from this part of the course. The rest were roughly graded according to ability and tried out on section work, each girl being made responsible for the completion of a single operation, adapted to her ability, on a number of similar garments. This part of the course tested persistence in accuracy on a single operation under a certain amount of pressure.

Two methods of rating the girls were used. The first was designed to be as objective as possible, a measure of actual accomplishment. As soon as completed, each step of each girl's work was graded by the trade teacher on the following five-point scale:

<i>Rating scale</i>	<i>Numerical equivalent</i>	<i>Trade equivalent</i>	<i>Explanation</i>
Good	5	Above average	} Acceptable according to trade standards.
Five plus	4	Slightly above average	
Fair	3	Average	
Poor plus	2	Slightly below average	} Not acceptable according to trade standards.
Poor	1	Below average	

At the end of each day each girl received a set of summary ratings on her accomplishment ratings for all the operations attempted during that day. These summary ratings consisted of a rating on the five-point scale for each of the six items, accuracy, speed, neatness, handling, grasp of directions, and attitude toward work—that is, interest manifested, responsiveness, manner of taking suggestions and corrections, and so forth. Thus in a thirty-day test, a girl received thirty ratings on the five-point scale for each of these six items. At the end of the test a final average rating was given. In obtaining this, accuracy and speed were weighted, as of greater importance in industry than the other four items. Each of these two items, therefore, was given twice the value of the other items, and the final score was secured by adding the weighted scores and dividing by eight.

"Since the purpose of this experiment was not only to measure the trainability of the subnormal girl as a power-machine operator, but also to gauge her probable success as an operator in industry, another rating was added to this weighted score. Taking into consideration the absence of the incentive of remuneration, competition, pressure, strain, and so forth, the chance of success of each individual as an operator was judged by the trade teacher. Some who rated well in actual accomplishment had to be rated subjectively as possible failures in industry for various reasons, such as nervousness, inability to concentrate, quarrelsomeness, need of constant prodding, and so forth, while others who rated slightly below average on the basis of actual accomplishment, were considered possible successes for such reasons as personality, failure to put forth full effort because of lack of compensation, and the like."

The scale for rating probable success was as follows:

Will succeed as an operator.....	5	} Probable successes
Will probably succeed.	4	
Will possibly succeed.	3	} Doubtful successes
Will probably not succeed.....	2	
Will not succeed.	1	} Probable failures

The correlation between this judgment rating and the weighted score was found to be 0.87, almost high enough to warrant their being used interchangeably.

Of the 118 girls, 26, or 22 per cent, were judged as probable successes; 25, or 21 per cent, as doubtful successes; and 67, or 57 per cent, as probable failures. The seemingly high percentage of doubtful cases, the author points out, was to be expected. Any employment manager will find that the successes and the failures stand out after a reasonable time, but that there is always a group that needs a longer trial before a decision can be reached.

In order to find out what factors may be of significance in determining success or failure as machine operators, correlations were worked out between various known factors and the estimate of ability based upon the test. No very high degree of relationship was found between intelligence, as measured by the Terman revision of the Binet-Simon scale, and ability to run an electric-power machine. There was a correlation of 0.37 between mental age and the weighted score, and of 0.36 between mental age and judgment score. All those with a mental age below eight years were failures except three, two of whom were successes and one a doubtful success. The use of the eight-year level as a preliminary criterion would have eliminated about 33 1/3 per cent of the failures.

Between intelligence quotient and weighted score the correlation was 0.32 and between intelligent quotient and judgment rating 0.35. Almost 24 per cent of the failures and only one success would have been excluded if an I.Q. of 50 or over had been made the criterion.

A very slight relationship was found also between grade in school and ability to run a machine. The ungraded classes supplied a higher percentage of the failures than the higher grades, but about the same percentage of successes.

Another question that arose was whether ability could have been estimated satisfactorily at any time within the six-week period. To determine this, comparisons were made between final ratings and ratings at various shorter intervals. The correlation between the first week's rating and the final rating was 0.85, indicating that a reliable estimate of ability might have been obtained at the end of one week of fifteen hours.

In order to have available a short and inexpensive method of selecting probable successes, in case it was decided at some later time to train subnormal girls for the garment-machine trade, a team of tests was devised for predicting success or failure in place of actual trial on the machine. These tests, which are to be described in a later article in the *Journal of Personnel Research*, measure such qualities as hand, eye, and motor coördination, manual dexterity, comprehension, stability, precision, and speed. It was found that with a total score of 250 on the team of tests as a passing mark, 76 per cent of the

failures in the group would have been eliminated, and only two of the successes. A team score of 250 is, therefore, more valuable as an elimination measure than a standard either of 8 years mental age or of an I.Q. of 50.

"A study of the 26 probable successes in machine operating reveals that only two were below 8 years mentally, that only two showed any outward signs of mental deficiency and those two only to such a slight degree as to appear dull to the trained observer. All but two scored average or above on the total team score and these two fell below only slightly.

"In all but four of the probable successes, the mental retardation was decidedly compensated for by an attractive appearance and manner. At least eleven of the probable successes would have compared rather successfully in these respects with a group of normal children. Six of the group were decidedly immature, while eight possessed a maturity of manner well in advance of their physical years. With one exception, each girl possessed a certain emotional stability and evenness of temperament that unquestionably made for success. These girls were able to apply themselves, were quiet and steady, wasting little time in fooling and watching their neighbors. They were all coöperative. Only one might be said to have any personality handicap.

"There are, however, fourteen girls who, while above the critical scores in intelligence and above the critical score in total team score, and thus apparently possessed of those specific motor abilities measured by these tests, were failures in the machine test. An explanation for their failure must thus be found along other lines. A glance at the records of these fourteen failures shows that five were considered as decidedly institutional cases, so hopeless was the prognosis for success at even the lowest grade of unskilled work; three were emotionally unstable; and nine seemed absolutely incapable of that concentration and application that would have turned what manual dexterity they did possess to account. . . .

"It would seem, then, that all the successes except one possessed compensating personalities and that all were emotionally stable and of even temperament, while even those failures who appeared to have sufficient manual dexterity and motor control to make for success were so low grade, so unstable, or so incapable of concentrated effort as to preclude any possibility of success."

Summing up the results of the experiment, the author concludes that a certain proportion of subnormal girls can be trained for the garment industry, but that no attempt should be made to train any girl (a) who has a mental age below 8 years or an I.Q. below 50;

(b) who shows visible signs of mental retardation; (c) who shows mental instability; (d) who has an inferior personality make-up; or (e) who achieves a score of less than 250 on the team of tests worked out during the experiment.

A STUDY OF PSYCHOSES OCCURRING IN RELATION TO CHILDBIRTH. By Elizabeth Kilpatrick, M.D., and Harry M. Tiebout, M.D. *American Journal of Psychiatry*, 6:145-59, July, 1926.

This is the report on a study of 72 cases of mental disorder associated with childbirth which were admitted to Bloomingdale Hospital between the years 1911 and 1923. The purpose of the study was to determine whether there is a specific psychosis associated with childbirth or whether childbirth has any influence upon the symptoms and prognosis of the usual clinical entities. With one exception, the cases chosen included only those in which the onset of the psychosis occurred during gestation, at the time of labor, or within four months after it.

Besides the very severe and complex physical changes that take place in the pregnant woman, there are certain mental changes characteristic of this condition. "While obstetricians point out that no general rule exists which will permit one to predict the mental state of the woman as she is carrying the child, they find that, during the first few months, the expectant mother tends to be somewhat irritable and despondent. This condition is then succeeded by a feeling of well-being which lasts until the termination of the pregnancy. In addition, although the nature of the vomiting of pregnancy provides grounds for much discussion, it is generally conceded that there enters into it a large neurotic element. Furthermore, the presence of capricious and unreasonable tastes, appetites, and desires are so well recognized as to be considered normal features of the pregnant state."

Yet in spite of the physical and mental stress involved in pregnancy, only a very small number of women—according to one authority, only one in a thousand—react with a psychosis. The authors, therefore, hoped to be able to find some common characteristic in those who do.

The study included in each case age, order of pregnancy, hereditary background, previous mental and physical make-up as evidenced by personality, previous psychotic or neurotic episodes, marital adjustment, conditions during pregnancy, and immediately precipitating factors, which were divided into physical and mental. The physical condition of the patient on admission was carefully investigated. And, finally, so far as possible, the after-history of the case was secured.

It was found that the cases could be divided clinically into four different types of psychosis: (1) delirium, represented by 23 cases;

(2) manic-depressive psychosis, by 36 cases; (3) schizophrenia, by 10 cases; and (4) psychoneurosis, by 3.

The delirious cases, either at the time of admission or shortly before, presented a picture of (1) confusion or clouding of consciousness with disorientation; (2) hallucinations; (3) an affect of fear and apprehension; and (4) irrelevant, rambling talk. They fell into two distinct groups—those in which definite toxic processes had been at work (11 cases) and those in which no toxic factor could be ascertained (12 cases). The toxic factors represented in the first group included influenza and pneumonia, pyonephrosis, abscess of the breast, eclampsia, and pyemia. A comparison of the two groups showed that no significance could be attached to age in either group. In regard to order of pregnancy, 8 of the 11 toxic cases and 11 of the 12 non-toxic were primipara, which suggests that individuals of the latter group tended to break down at the first pregnancy. There were far more deviations from the normal in the heredity of the latter group than of the former. Also the latter group was of unstable make-up, while none of those in the toxic group had ever given any indications of mental instability. "The occurrence of the illness in the toxic group could be explained satisfactorily on a physical basis and psychic factors appeared in the background. On the other hand, the non-toxic cases had many significant elements of a psychic nature to account for their sickness."

These non-toxic cases, in the authors' opinion, somewhat resemble those described by Meynert as acute hallucinatory confusion and labeled "amentia". They are inclined to disagree with Lugaro's assumption that further investigation will reveal a toxic factor which will account for the psychosis. They feel that the distinct difference in the antecedent histories presented by the two groups indicates a real difference between them. For several reasons, they are inclined to regard the so-called amentia group as a distinct entity, representing the exhausting effects of gestation and labor upon individuals whose adaptive powers are none too good at best.

The 36 manic-depressive cases included 27 of depression, 6 of elation, and 3 of the circular type.

The 27 depressions made up the largest group of patients represented in the study. As 18 of them had passed through previous labors without developing a psychosis, the authors feel that pregnancy alone could not account for their illness. "Psychic irritants are prominent in this group and apparently determine to a large extent the onset of the illness. It is noteworthy that of the seven cases of the total series in which the onset occurred during the gestational period, six were depressions, favoring the supposition that the situa-

tional elements are of significance in the production of this type of disorder.

"Of interest, also, is the confusion in a number of them and the concomitant finding of some toxic exhausting element. In the cases with confusion, the heredity is somewhat better and the individuals are more stable. While the number of cases is too small to venture any conclusions, the added physical factor, noted before, seemed to be the deciding factor in precipitating the psychosis."

The only significant fact noted about the group of manic cases was its relative smallness, the manias having been generally regarded as the most common mental ailment subsequent to childbirth. The authors explain this discrepancy between their findings and the old ideas with regard to puerperal mania on the ground that all excitements were probably included among the manias, while the depressions, coming on several weeks after labor—usually some time after the patient's discharge from the maternity hospital—were not regarded as having any direct relation to childbearing. They point out that a study of the incidence of the two types in obstetrical hospitals might result in percentages very different from theirs.

The outstanding feature of the ten dementia-*praecox* cases was that all were of the paranoid type. "This is interesting in view of the fact that they occurred rather late in life and after the patients had passed through one or more critical periods such as puberty, marriage, or, in some instances, previous childbirth. It is further suggestive because there is a tendency among many psychiatrists to single out the paranoid type as being distinct from the catatonic and hebephrenic *praecoxes*."

The three psychoneurotic cases presented no feature of any particular significance. All had shown abnormal traits before, but had been able to live at home until childbirth, when an accentuation of their difficulties had necessitated hospital care. All were able to make a social adjustment after a few months.

None of the groups showed any especial variations from what was to be expected in the matter of outcome except the cases of toxic delirium, in all of which recovery was markedly slower than is usual in such cases. The authors suggest, as possible explanations for this, poor heredity and long continued toxic illness, all of their cases having been subjected to the action of some toxic agent for a month or more.

On the basis of their findings in this series of 72 cases, the authors conclude that while childbearing seems to involve many problems of a physical and psychical nature which play a definite rôle in the production of the psychoses, these problems do not of themselves determine the type of reaction, but act merely as exciting or precipitation agents in the onset of the illness.

BOOK REVIEWS

HEMMUNG, SYMPTOM, UND ANGST (INHIBITION, SYMPTOM, AND ANXIETY). By Sigmund Freud, M.D. Vienna: Internationaler Psychoanalytischer Verlag, 1926. 123 p.

In this book, with his usual clearness and brevity, Freud covers a very wide field of psychoanalytic theory and practice. Though small in volume, it contains much that demands close study and knowledge of what he himself and others have written on the subjects under discussion. Several attentive readings are advisable for thorough assimilation of this meaty little volume.

The reviewer has heard rumors to the effect that Professor Freud has been incapacitated, and that even as far back as 1920, when he published *Beyond the Pleasure Principle*, his productivity had ceased—indeed that one critic had labeled this last publication Freud's "Swan Song". The contribution under review should definitely silence such rumors.

It is no easy matter to review *Hemmung, Symptom, und Angst* in a journal that is read so largely by laymen, so to speak, because the book is essentially very technical in its treatment of the material under consideration, and the author takes it for granted that his readers are to some extent at least acquainted with the psychoanalytic literature bearing upon the book. Under the circumstances a technical review would be of little value; an attempt will, therefore, be made to pick out such aspects of the book as would appeal to those who have a general psychiatric interest in psychoanalysis.

While inhibition may be a symptom, it is not necessarily so; it can be seen as a manifestation in neurotic illness in the form of a limitation of ego functions in the fields of sex, eating, locomotion, and occupation. In conditions in which much energy (libido) is taken up in daydreams, for example, ego activity is materially reduced. Inhibition (limitation of ego function) is a defensive mechanism on the part of the ego, which seeks by its means to avoid a conflict with the id (the primary unconscious) or with the super-ego, the highly developed source of the feelings of guilt. The difference between inhibition and symptom is that the former is a process wholly in or upon the ego.

The following is a concise definition of a neurotic symptom: A symptom is evidence of, and substitute for, an unfulfilled impulse gratification, the result of repression. Repression proceeds from the

ego, which, under the command of the super-ego, refuses to join with an impulse from the id. The ego, by means of the repression, succeeds in keeping from consciousness the presentation that is the vehicle of the unpleasant excitation; the unconscious is prevented from entering consciousness by virtue of the pleasure-pain principle. The defense mechanism is like that brought into action by an external danger—that is, it is a mechanism of flight; the act of repression in this sense is an act of flight from an impulse danger.

In considering the subject of anxiety (neurotic anxiety), Freud radically changes his previous concept as to its origin, motivation, and function in the neuroses. He states that it is not newly created, but is reproduced as an affect-state in imitation of a memory picture already at hand. In this consideration of the etiology of anxiety, we leave the field of psychology and approach that of physiology. Affect-states are incorporated in the psyche as the precipitates of primitive traumatic experiences, and are reawakened as memory symbols in similar situations. "The act of birth, as the first individual anxiety experience, appears, in the human being, to have given the expression of an anxiety-state its characteristic features." However, Freud warns that we are not justified in saying that every anxiety outbreak is a reproduction of the birth process.

While Freud formerly held that neurotic anxiety was produced directly (just how, he himself states he could never clearly formulate) from repressed libido, he now believes that, except in the actual neuroses, no such process takes place. His present theory is that the ego, sensing danger when a repressed impulse pushes into or near consciousness, develops anxiety as a danger signal, and by calling upon the pleasure-pain principle, takes active steps to develop defense mechanisms in the form of inhibitions or symptoms, or by other means, so that anxiety may not become too great in quantity to be adequately handled, in which case, a general paralysis of ego functions would result. In this new view as to the genesis and function of neurotic anxiety, Freud makes a noteworthy change in his previous concept, bringing anxiety, like symptom formation, into the category of a protective mechanism on the part of the ego—which he considers the abode of anxiety (*Angststätte*)—in its efforts to maintain an integral psyche, a state of health, or an approximation thereto.

It is in this light—namely, as an effort to maintain psychic integrity, when unconscious wishes strive for fulfillment—that Freud views symptom formation. The ego is an organized part of the id, the primary unconscious; even when repression has taken place, and the wish appears in a disguised form, the ego contends with it, attempting modifications in it so as to be able to include it in its organization.

The symptom is in a sense necessary to the ego because it is a substitute for the original wish; the ego will, therefore, attempt to retain it, unless something better is offered. This attempt on the part of the ego to retain the symptoms (called by Freud the "secondary gain" of neurotic illness) has often been mistaken as the primary cause of illness, giving rise to what has been spoken of as unwillingness on the part of a neurotic to get well. We see this often in a family situation, in which a neurotic, by means of his illness, dominates the entire household, and gets in this way a gratification not otherwise obtainable. The mistake is often made of calling this state the primary cause of the illness, while as a matter of fact the denial of some primary wish has precipitated the neurosis, and the patient, in order to obtain some gratification of the original denial, seeks it in this symptomatic way from the family. It is a secondary, not a primary, process.

Freud, in his investigation of the origin of neurotic symptoms, goes deeply into the mechanisms of the phobias, hysteria, and the compulsions. These investigations are of too technical a nature to be discussed here. Suffice it to say that they contain, clearly and interestingly put, all that we know to-day of symptom formation. The part played by the castration complex is reëmphasized here, as it has so often been, justifiably enough, both by Freud and others. For all the psychoneuroses, says Freud, the destruction of the Oedipus complex is the start; the castration fear is the motor of the ego activities. In the case of the female, this has to be modified to some extent; that is, Freud believes that in this case it is the fear of the loss of love that takes the part of the castration fear. After exhausting the present store of knowledge and theory as to the causation of neuroses, as above given in simplified form, and resorting to speculation to arrive at some more definite knowledge in this direction, it is disappointing, Freud states, that we are still in the dark, after so many years of work, as to the etiology of the neuroses, and adds, "We decided to conceal nothing, and to simplify nothing. If we cannot see clearly, at least we wish to see the lack of clearness sharply."

In investigating further the problem of the origin of anxiety, Freud has recourse to some of the known fears of childhood as fruitful sources, and takes the following three situations in which anxiety, in young children for instance, is aroused: that of a child when it finds itself alone, when it finds itself in the dark, or when it finds a stranger in place of a known person. These three situations have one feature in common—the missing (absence) of a loved (yearned for) person. Anxiety in this sense would be the expression in a child of a state of helplessness in the absence of a loved object (the mother). In these

situations a certain tension is created, in face of which the child is helpless. They bespeak a condition of need, which, unless a discharge is found for it, will bring about in the child an analogy with the birth experience; it is a repetition of the original danger situation. The absence of the mother is the danger situation. The early biologic helplessness of the nursling has its later counterpart in the form of psychic helplessness in the absence of the mother, the loved object. Later aspects of this anxiety, incident to the maturing of the child, are seen as fear of loss of love on the part of the loved object; also as anxiety produced by a conscience (feelings of guilt). The form of anxiety developed in various situations will depend upon the stage of ego development.

Regularly a symptom develops to avert too much anxiety. For instance, if an agoraphobic is compelled to go into the street alone, when he formerly was accompanied by a companion because of his fear of traveling alone, anxiety will develop; it disappears if the patient remains indoors, or if a companion is present when he goes out. The ego is warned of the danger, and sets protective mechanisms into activity to take care of the anxiety and to remove the source of the anxiety. By arousing the pleasure-pain principle into activity, it seeks to hold the id impulses in abeyance. The ego seeks to retain the anxiety at a minimum, merely to serve the purpose of a danger signal.

The following illustration, to show the reaction of a neurotic, through anxiety, to a source of danger, brings out sharply the difference between a normal and a neurotic reaction, using the affect of (psychic) pain instead of anxiety by way of example. "We consider it entirely normal if a girl of four cries bitterly if her doll breaks; at six, if her teacher reprimands her; at sixteen, if her sweetheart pays no attention to her; at twenty-five, perhaps, at the death of her child. Every one of the pain-determinants has its place (in point of time), and disappears in course of time. . . . It would strike us as significant, if this girl, as woman and mother, were to cry at some damage to a knickknack. However, that is the way neurotics react. . . . They are sufficiently grown up to be able themselves to control most of their needs, they have known for a long time that castration is not exercised as a form of punishment, and still they behave as if the old danger situations still existed; they hold fast to all the earlier anxiety determinants."

In the little volume under review, Freud has assembled as much psychoanalytic fact and theory as are at hand in the effort to answer the question: "Whence comes a neurosis? What is its ultimate, its special cause?" His answer is that after many years of psychoanalytic work, the problem remains unsolved, as at the beginning.

However, before leaving this subject, Freud examines critically Rank's contribution, *The Trauma of Birth*, published in 1924, solely in its relationship to the subject under consideration.

"What we need", says Freud, "and what we have not at our disposal, is a factor that would enable us to understand the difference between individuals who are able to subject the anxiety affect, in spite of its peculiarity, to normal psychic management, and those who are doomed to fail in this task."

Rank, states Freud, in seeking to answer this question, a most tantalizing one, remains in the field of psychoanalysis, upholds its general concepts, and evidences a legitimate attempt to solve psycho-analytic problems. "We have previously", says Freud, "followed the line of development which connects this first danger situation (the act of birth) and the conditioning of anxiety in all subsequent ones, and in so doing have observed that they all retain something in common in that they all signify, in a certain sense, a separation from the mother; at first only in a biologic sense, then in the sense of a direct loss of the object, and later of a loss negotiated in indirect ways. The revelation of this important interconnection is an unchallenged achievement of Rank's elaboration. But the trauma of birth strikes various individuals with varying intensity, the severity of the anxiety reaction varies with the strength of the trauma, and, according to Rank, whether the individual can ever learn to master it—whether he becomes neurotic or normal—depends upon the initial degree of the development of the anxiety."

Among the objections Freud has to the theory of the trauma of birth, in so far as Rank gives it a place as the central point in the causation of neurotic disturbances, are that it (the trauma-of-birth theory) omits altogether hereditary and constitutional factors; that it does not rest on "certified observation"; that Rank's contention that those individuals become neurotic who have never been able completely to "abreact" the trauma of birth carries with it "the untenable conclusion that the neurotic approaches nearer and nearer recovery, the more frequently and intensively he reproduces the anxiety reaction"; and, finally, that investigations should be carried out in cases of difficult and protracted births, to ascertain the frequency with which such children develop neuroses in comparison with children not so born. Rank's etiology allows such a checking up through clinical experience, but no investigations of this nature have as yet been made.

In the last portion of the book, devoted to what he terms "supplements", Freud elaborates upon resistances and upon his own previous concepts as to the conversion of libido into anxiety; takes up again

the subjects of repression and defense mechanisms; adds to the concept of anxiety as an affect, both from a theoretical and a practical point of view; and finally attempts, from a speculative point of view, a differentiation between anxiety, pain, and grief. These supplements are most interesting and illuminating, and demonstrate, as does the rest of the book, that Freud still is the most fruitful and most original contributor to the theory and practice of psychoanalysis.

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HEMMUNG, SYMPTOM, UND ANGST. By Sigmund Freud, M.D.

Vienna: Internationaler Psychoanalytischer Verlag, 1926. 123 p.

About a generation ago psychoanalysis started with Freud's efforts to deal with the problem of anxiety, which he first encountered in the so-called "actual neuroses". In his recent book, *Hemmung, Symptom, und Angst*, he returns to this startling point and discusses the difficult problem of anxiety with special reference to the solution suggested in my *Trauma of Birth* (1924). Freud originally interpreted neurotic anxiety as a result of libido repression and from that interpretation developed his present "castration" theory. In *The Trauma of Birth*, making use of a chance hint thrown out in a footnote in the second edition of Freud's "*Interpretation of Dreams*" (1909), I attempted to deduct the anxiety-affect genetically from the experience of birth. I took a distinct step beyond Freud here in that I linked the *physiological* birth-anxiety (which was all that Freud had in mind in the footnote mentioned) to the separation from the mother as a trauma of great *psychological* importance.

In his present book, Freud withdraws from his theory of the conversion of libido into anxiety. He now admits that anxiety is not, as he formerly supposed, produced by the mechanism of repression, but that it is reproduced as a state of affect in imitation of a given memory picture (pages 15 and 76); and he refers back to his earlier suggestion that in mankind the primary anxiety is experienced in the process of birth (page 60). Apparently, however, he is unable to accept my theory of the relationship between this affect-reproduction and the separation from the mother, although he does recognize the "discovery of this great connection" as "of undisputed merit" (page 103). Yet the fact is that Freud formerly could make no use of his idea of the physiological birth-anxiety until I had linked it on to the separation from the mother in its *psychological* meaning. Incidentally, this connection, which I discovered in the course of analytic work, has what might be called experimental verification in the ob-

servable fact that the patient, in the process of separation from the analyst, reacts with a reproduction of birth-anxiety symptoms.

Freud's dilemma is that he must either give up his own concept of anxiety as "castration anxiety" or bring this concept into harmony with his birth-anxiety theory. He already admits "that the castration anxiety is not the only motive force of repression (or defense)" (page 62), and limits its pathogenic signification to the phobias; in hysteria, he now holds, it is the loss of the love object, and in the compulsion neuroses it is the super-ego, that conditions the anxiety. On the other hand, his critical discussion of his own cases of phobias of animals (little Hans and the Wolfman) leads to the conclusion that in them the genital excitation (tenderness and fear) is "expressed in the language of the overcome transition-phase from the oral to the sadistic libido organization" (page 34). Here he apparently tries to save the castration theory by conceiving these sadistic-oral expressions as "a distortion-substitute for the content of being castrated by the father"—with what right is not mentioned! The attempt to save the castration-anxiety theory, however, is unmistakable, and the result of the attempt is bound to give rise to a new problem. This problem would not have come up if Freud, while writing his work (in the summer of 1925), had been able to use my genetic-genital theory, for he would then not only have seen the primary relation of the sadistic-oral "language" to the mother-object, but also would have been able to put the castration fear in its proper place as connected only with the later (genital) Oedipus stage. Through neglecting the *genetic* connection between the (oral) mother stage and the (genital) father stage, Freud "interprets" the first as a "distortion-substitute" for the second. As a result he is unable to apply his new concept of anxiety as a reproduction, and so has to look for an *actual* cause for the castration fear at the genital stage. In tracing it back to a "real fear"—the "fear of an actual threatening danger or of a danger considered to be real" (page 39)—the doubt again arises whether the fear can be newly produced from the economic conditions of the situation or is merely reproduced as an affective signal of danger carried over from the birth situation. So the important question remains whether the anxiety-affect—or affect in general—is newly produced or only reproduced.

Freud attempts to solve this problem by assuming a "transition from the automatic, unwilling production of anxiety to a purposed reproduction as a signal of danger" (page 83). This "transition" is not very clear because in a certain sense all affects are reproductions; indeed this fact, as Freud himself once hinted, determines their real nature and explains, in my opinion, their intensity and painfulness.

I mean that every affect is a reminiscence which is renewed—i.e., newly produced in the sense of being recalled by an actual experience. But this reminiscence finally goes back to the first experienced anxiety-affect of birth, as Freud himself again implies in his discussion of real anxiety (page 72): "Since it is so often a matter of the danger of 'castration'", the fear therein appears "as the reaction to a loss, a separation". According to my concept as set forth in *The Trauma of Birth*, birth would be the first anxiety-experience and the separation from the mother would be the prototype of the castration fear. But since Freud is unwilling to give up the castration theory as the pillar of the sexual etiology of the neuroses, he is unable to admit the traumatic character of the separation from the mother in parturition. So he severs "the great connection" which I have "discovered", in his assumption that birth is not experienced subjectively as separation from the mother, "since she is entirely unknown as an object to the completely narcissistic foetus" (page 73).

The difficulties involved in such an assumption are worthy of mention at least. Freud rightly emphasizes the fact that in general we know too little about the newly born child and its sensations to be able to draw hard-and-fast conclusions with regard to it. But in spite of isolated child observations and even child analyses, the same thing is largely true for the child in general, in whom too much of the adult, especially adult sexuality, has probably been projected. Be that as it may, Freud's warning that caution is necessary in interpreting the sensations of the newborn child is sound, but it holds also for his own assertion that the mother does not represent an object for the newly born. We cannot make dogmatic statements as to that; rather the whole matter amounts to nothing more than a quibble over words. For it is certain that the newborn child loses something as soon as it is born, indeed even as soon as birth begins—something that we can express in our language in hardly any other way than as the loss of an object or, if one wants to be more precise, the loss of a milieu. The characteristic quality of the birth act is that it is a transitional phenomenon κατ' ἐξοχήν, and that very fact may determine its traumatic character. One might perhaps say that in parturition the ego first finds its object and then loses it again, which possibly explains many peculiarities of our psychical life. Indeed, I think that without such an assumption, or one similar to it, one can have no adequate understanding of the later child anxiety, as Freud himself admits (page 81). For only on the theory of a reproduction of the birth severance can we explain why the child, when it misses the mother, reacts with anxiety, instead of merely longing for the lost object, as would the adult.

Just as little will one be able to understand the longing for the womb, which is undoubtedly biological (and not merely a desire for flight, although it may be that also) if one does not conceive it in the same sense as an attempt to reestablish an early existing "object relation". Freud's attempt to sexualize this simple biological fact in accordance with his castration theory is not helped by reference to Ferenczi's "genital theory". To interpret "the phantasy of the return to the womb as coitus-substitute for the impotent (those inhibited by the threat of castration)" may perhaps occasionally be permissible in the case of patients in the analytic situation, but to accept it is a general psychological principle, an explanation of the universal longing for the womb—a longing that is found in the potent as well as the impotent—is logically, psychologically, and biologically unjustified. That the penis is an instrument for taking complete possession of the mother at the genital stage, I have myself maintained, and so "castration" signifies a separation from the mother in which the anxiety refers to birth. But to interpret the longing for the womb as a substitute for coitus, as Freud wishes to, is the very opposite of Ferenczi's theory, which, with its biological deepening of the Jungian concept and its linking on to mine, holds just the reverse—namely, that coitus is a (genital) substitute for the biological longing for the womb.

With regard to the Freudian criticism of my doctrine, I should like to call attention to the fact that, in my presentation of the Freudian concept, I considered the birth-anxiety also as a reaction to a danger. Freud, in emphasizing this point, overlooks the fact that the first danger situation in birth involves a danger to life (death-anxiety—birth-anxiety), not the loss of the penis. My point was that this physiological anxiety in parturition (independent of the loss of object) undergoes a "psychical anchoring" in relation to the mother and the tendency to return to her. In Freud's presentation there is no mention of this psychical anchoring of anxiety, or of any similar assumption, so that it is difficult to see how he passes from the birth-anxiety to a psychical-anxiety problem at all. He then draws the conclusion "that the earliest phobias of childhood do not allow of a direct tracing back to the impression of birth and till now have had no explanation at all" (page 81). He admits that the later anxiety at the loss of an object is "psychical", but that again is nothing else than saying that the (physiological) birth-anxiety-affect somehow becomes psychical in relation to an object. I have merely attempted to place the first appearance of psychical anxiety—of which, even in Freud's opinion, the newborn is capable—in the birth act itself and not in early childhood, where it obviously arises at the loss of the

mother, thus referring back to the first separation from her. Freud here does not seem to distinguish clearly between two problems. He gives no convincing reason why anxiety at the loss of an object (psychical anxiety) could not just as well have its origin in parturition as later in early childhood, where the connection is obvious. Possibly his reluctance to admit the mother as an object in the birth situation may be related to his relinquishment of the libido-privation theory of anxiety: having been influenced by my birth-anxiety theory to abandon his old position, he now goes to the other extreme and denies the presence of a libido object in parturition. In so doing he overlooks the fact that it is not my contention at all that anxiety in birth proceeds from the loss of a libido object. I say rather that it arises from the physiological (life) danger and is connected with the loss of an object only "incidentally". This connection is full of significance for the whole development of the human being, especially for our psychical life. Already in *The Trauma of Birth* I had given up the idea of the change of libido into anxiety after tracing back anxiety, genetically, not to suppressed libido (loss of object), but to the (physiological) birth-anxiety. Analytic observations and experiences have brought me to the belief that in the case of patients under analysis, the libido (wish excitations) as it were covers anxiety—that is, anxiety temporarily disappears because the libido is gratified, not because a change of anxiety into libido has taken place. Freud, on the other hand, after accepting birth-anxiety as the source of anxiety in general, simply draws the logical conclusion that the assumption of a change of libido into anxiety is no longer necessary. He then proceeds to use this conclusion as an argument against what he erroneously conceives to be my position and asserts that anxiety even in parturition is not produced from libido. In other words, he turns an objection to the libido-privation theory into an objection to my theory, or rather his misconception of my theory. For I repeat that I have never contended that anxiety in birth arises from the libido; I have maintained that anxiety is not produced from libido at all, although I am of the opinion that even in birth it is connected with loss of object—as I have said, is psychically anchored.

In this book, perhaps for the first time, Freud does not speak from his own analytic experiences, but uses my experiences deductively and critically. This may explain why he reaches no positive conclusions apart from that in regard to anxiety. But this conclusion—that anxiety is reproduced as a reaction to a danger-situation, as a signal of it, so to speak—is pre-analytical, not to say pre-psychological. To begin with, Freud must admit that the first danger, and so the prototype of every anxiety affect, is birth; on the other hand, he cannot

deny that the neurotic anxiety that most interests us is "anxiety before a danger that we do not know. So the neurotic danger must first be sought: analysis has taught us that it is an impulse danger ('*Triebgefahr*'). In bringing this danger, unknown to the ego, to consciousness, we obliterate the difference between real anxiety and neurotic anxiety—treat the last like the first" (page 125). But in another passage he contradicts this by saying that "the impulse is not a danger in itself, but is dangerous only because it brings with it a genuine outside danger—that of castration" (page 67). This latter assertion I cannot understand, for in our milieu, where the neuroses arise, castration is no danger at all. Freud finally says with regard to neurotic anxiety: "There is nothing to distinguish it from real anxiety, which the ego normally expresses in situations of danger, except the fact that the content of anxiety remains unconscious and becomes conscious only as a distortion" (page 67). I should think that this distinction is enough to differentiate sharply, as was formerly done, between real anxiety and neurotic anxiety. More than that, we have to explain why the content of neurotic anxiety remains unconscious, as well as where and how it becomes distorted. For this it will be necessary perhaps to reinterpret the anxiety dream, the Freudian explanation of which is based upon the old theory of the conversion of libido into anxiety. It is interesting that Freud does not mention the anxiety dream once in his whole discussion. In the anxiety dream there is certainly no question of an external danger, and yet the anxiety is quantitatively greater than is usually the case in reality.

This leads to the weighty problem of *quantity* and to the therapeutic idea of *abreaction* bound up with it. In his general estimation of my concept (page 102 ff.) Freud does not accept the quantitative moment (intensity of the birth trauma), which I emphasize; on the other hand, in another passage (page 17) he finds it "throughout plausible, that quantitative moments, such as the enormous force of excitation and the breaking through of the defense against stimuli, are the immediate causes of the primal repressions". And after a thorough discussion of all the problems involved, he comes to the conclusion that "there are quantitative relations that are not directly to be demonstrated and that are comprehensible only in terms of their results. These quantitative relations determine whether or not the old danger situations are established, whether the repressions of the ego are maintained, whether the child neuroses persist." Everywhere, in the last analysis, Freud comes to the incomprehensible quantity-moment as the determining factor. Only in regard to the trauma that occurs at the beginning of the individual's development—namely, birth—he will not admit that the intensity is conclusive, or at least, if it is so,

he contends that it should be measurable and capable of demonstration. The same apparently contradictory attitude toward my theory appears in connection with the *abreaction* of the trauma, concerning which Freud expresses doubt (page 103). Yet in a further discussion of the problem (page 119 ff.), where he traces the anxiety reaction back to the danger situation, he comes finally to the conclusion: "Anxiety is, on the one hand, expectation of the trauma, on the other hand a milder repetition of the same" (page 127). This implies the idea of abreaction in reproduction, by means of which the child seeks "psychically to master his impression of life. If this is the meaning of an abreaction of the trauma, then one can no longer object to it" (page 128).

There are other contradictions in the book, obviously due to the resistances of Freud, who is following out my new line of thought to conclusions that necessitate a radical revision of his own views. Freud has already given up the chief support of his libido theory—the enigmatic mechanism of the conversion of libido into anxiety. And this means that he has had to restrict the rôle of the most important mechanism of his ego-psychology—repression—since it can no longer be held as the cause of anxiety, as he formerly assumed, but, on the contrary, is a consequence of anxiety (page 39 ff.). At present he holds to the mechanism of repression only in relation to the genital organization of libido (pages 65 and 124), whilst for other phases and processes which he formerly included under repression he reinstates the old concept of defense ("*Abwehr*"). But here again he goes only halfway, in his reluctance to give up his earlier concepts for new ones. For the mechanism of defense is again too general a concept; as a matter of fact, in his discussion of this theme (page 121 ff.) Freud is obliged to refer to special mechanisms, in particular the "procedure of making a thing as if it had not happened"—a circumlocution by which he avoids using the simpler and more natural terms proposed by others. (For a long time I have used the term "*Verleugnung*", denial.)

If Freud finds it almost embarrassing that "after so much work we yet find difficulties in the concept of the most fundamental relations" (page 64), is it not possible that this situation may be partly due to a resistance on his part to accepting any idea that originates from others? Moreover, if he is finally obliged to take such an idea into account, he is further embarrassed by his attempts to refer it back to one of his own earlier points of view and to hold fast to that. This explains a great part of the difficulties that he still finds in the anxiety problem. For example, the only merit that he will grant me is that of having called attention to his concept of anxiety as a result of the

birth process: "The Rankian reminder that the anxiety-affect is, as I myself first maintained, a result of parturition and a repetition of the situation lived through at that time, compelled us to a recent examination of the problem of anxiety." My own contribution—the linking together of this birth-anxiety affect with the separation from the mother—he cannot accept, in spite of recognizing its importance and allowing it to influence markedly his own presentation. Yet Freud's mention of the birth-anxiety affect as the prototype of later anxiety lay buried these twenty years in a footnote, and would in all probability never have led to any revision of the problem of anxiety—and with it of the whole psychoanalytic theory—if I, with my concept of the mother-relation, had not attempted to bridge over the gulf between the biological and the psychological.

Whatever faults *The Trauma of Birth* may have, it certainly has not the fault that has been ascribed to it in analytic circles—that of being too radical in attempting to substitute new concepts for old. Freud's present discussion implicitly contains the reproach that I was not radical enough, in that he has been encouraged to draw from my discernment further conclusions. When he states that my book stands on analytic—i.e., Freudian—ground, he is right, in so far as I was still endeavoring to bring my own experiences into harmony with his libido theory. His present change of position justifies this my attempt, since he now wants to put my concept on psychoanalytic ground that he himself has already left in further pursuit of my views. In criticizing my presentation, which implies an attempt to save the libido theory, he has been compelled to give up this libido theory, a step that I did not yet trust myself enough to take completely in *The Trauma of Birth*.

Apart from this personal satisfaction, Freud's book, being full of contradictions, is disappointing in more ways than one—in its failure to make any positive or new contribution, in its wavering between recognition and rejection of my new concept of anxiety. I think this may be partly due to the fact already mentioned that here for the first time Freud does not speak from his own experience, but merely draws deductive conclusions and adopts the corrections that his consideration of my new concept of the anxiety problem have made necessary.

I hope soon to be able to carry the elaboration of this concept out of the realm of controversy into more constructive fields.

OTTO RANK.

Paris.

DELINQUENTS AND CRIMINALS: THEIR MAKING AND UNMAKING. By William Healy and Augusta F. Bronner. New York: The Macmillan Company, 1925. 317 p.

No introduction here is needed by the authors of this volume, which commands the instant attention of those interested in the pathology of the social order. The basis of their study is a tracing of outcomes in groups of Chicago and Boston juvenile delinquents, numbers observed running well into the thousands as described on page 13 (cf. also pages 245 ff.). Attention is drawn to the importance and the lack of stock-taking studies of this type, though the present means of managing delinquency are conceded ineffective at the outset. Available corrective measures in a series of 675 Chicago cases failed more often than they succeeded; though it is throughout difficult to gauge the positive or negative value of such measures without knowing more precisely what happens in their absence.

The Chicago girls do better than the boys, which the authors are inclined to account for in terms of more effort given to the former. In the Chicago homicide group (5 per cent of the male failures) segregation had been previously recommended in every case but one, but ostensibly for lack of institutional facilities not carried out. Among a group of female failures 94 per cent were sex offenders, and nearly all were so at juvenile-court age. Disproportionately many failures are shown among institutionalized cases; apologists for this system might argue that it receives the most difficult cases, but the authors counter that it is precisely such cases that should, on the contrary, have the most individualized treatment.

The rate of success is greater among the Massachusetts cases, which might be variously accounted for in terms of a less difficult group of offenders, or more effective management through institution and parole. Much confidence is expressed in the possibilities of the probation system. Study is made of the first court appearances, which having no fixed relation to the commencement of delinquency, appears without relation to later outcome.

The data on heredity are negative, giving equal likelihood of success on good and bad backgrounds, and interesting cases are cited of success with material especially unpromising from this standpoint; which would apparently favor the acquired nature of criminal traits, and give grounds for a melioristic attitude towards the general problem. The differences as to outcome between religious groups are negligible, nor are they significantly related to whether or not the home is broken; this, it will be remembered, is a question of the outcome of treatment, not the incidence of occasion therefor. The question is raised as to excessive quarreling at home, found in 12 per

cent of 4,000 observations, but again, as with Arrowsmith, the "control" is absent.

There is no tendency to minimize the importance of the home background as such. Unsatisfactory conditions were found in a very large proportion of the Boston and Chicago cases, and their deforming influence is attested in the good responses obtained through extended removals from these conditions. Marriage is clearly associated with success in the females, less clearly so in the smaller male material. Seventy per cent married among the observed female offenders who were successes, a datum consistent with the artificial character of the conventional taboos that has been pointed out by Ellis.

A common notion that associates undernutrition with delinquency is not confirmed in these studies. On the contrary it is felt that too rapid development may stimulate juvenile delinquency through urge to larger physical self-expression than the environment provides ("adolescent instability"). This is particularly the case with girls. The physical stigmata of degeneracy, so-called, played the small rôle which contemporary thought assigns to them, though there was a large percentage of failures in a group of boys where they were quite marked; this possibly owing to their special association with mental-defect conditions. "Physically the delinquent does not form a separate group." Excessive masturbation was associated with somewhat more than its share of failure for boys, but successes for girls. There appears a considerably larger proportion of feeble-mindedness than in the general population, though not absolutely enough to assign to it a serious rôle in delinquency; they show less promising outlook than the normal, at least in the Chicago series. Nor is delinquency felt to be associated in any special way with the current concept of mental disease, though here again the outcomes are inferior, particularly through the absence of the most suitable custodial facilities. The early sex traumata and mental conflicts cited as dynamic factors in delinquency are open to some extent to the recurring question of the control, though, as the authors have elsewhere shown, management and outcome throw their own light on the interpretation of these factors.

The outstanding rôle of criminality in the life of this country is a commonplace, and the authors allude to it with a mere reference to comparative murder rates in Chicago and London. A somewhat similar disparity would appear in the figures cited for Chicago and Boston. That such conditions are the reverse side of a general excess of individual energy and initiative is a natural interpretation, but is seldom so baldly stated as by a recent writer in the *Century*, who has learned from long experience to "hope that when one knows anything is true, sooner or later the reason for its being so will be uncovered".

The importance of this principle will be cordially appreciated by most readers of *MENTAL HYGIENE*. Why, then, does America lead the world in crime? "Because she leads the world in the struggle for God." Rationalizing in this vein, one should be equally entitled to look upon crime as sent for a divine trial, to test the resistance of a human society to the arts and crafts of Mephistopheles; our present authors, at any rate, hardly favor its acceptance as primary mark of a high social ethic. They are much concerned with means to obviate it, regardless of values to be obliterated thereby. As examples of conditions in which crime flourishes more or less, there is close comparison of the two cities, much to the disadvantage (from the secular viewpoint) of the central metropolis, though it is not clear how far this is a function of government, or of the natures of the governed. Chicago undoubtedly presents the more difficult administrative problem. The Chicagoan author of the short story called *Dog Eat Dog* should have his ready interpretation for the one case of juvenile rape in the material from the eastern city to the fifty-one from the western, for the years 1909-1913, 1916-1921.

From the point of view of constructive action, it is believed that the authors overemphasize the complexity of the problem. It is complex in the sense that a piece of electrolytic copper is complex; it contains many elements, but to all intents and purposes is a piece of copper. The national problem of crime is as simple as an ice cliff, and perhaps as easy. It is well formulated by Professor Waite in the current *Atlantic Monthly*. The legal machinery is not so much responsible as the human agencies that administer it, and these again not so much as the public which gives their administration its tacit approval. Encouragement is sometimes derived from the example of England, which during the past century appears to have freed herself from a slough of criminality not incomparable to our present one, essentially by reforms of legal procedure. It would appear that in this case, however, the difficulty was with the adjective law as such, and that the social reaction to crime was scarcely less severe than now. Though from a later period, it is interesting to compare the reactions to London murder pictured in *Martin Chuzzlewit* and *Oliver Twist* to what would now be congruous among us, who were even twenty years ago cited by the *Literary Digest* for "our national tolerance of crime", and characterized by the Chicagoan sage of Archey Road as of a land "where we convict no innocent men and very few guilty wans . . . where all men are akel befor th' law, but some men are betther than others behind it", and of an older section of the country "where human life is so cheap that no wan thinks of takin' it. . . ."

One could wish that a more comparative view had been adopted as

regards the experience of other countries which deal with these matters more successfully than ourselves. The social reaction against crime is apparently more pronounced than with us. The authors are objective in their treatment, and not open to any criticism of sentimentality, yet it does seem that they underestimate the deterrent effect of "punishment", using the term in the comparative-psychology sense, and with its certainty and promptness comparable to those of comparative psychology. "The hard facts of recidivism completely disprove this" (page 229). The hard facts of recidivism become very soft when gathered from a source where "the unplanful and almost chaotic procedure of the present in dealing with delinquency and crime is perfectly obvious to any student of the subject" (page 225). So long as the quicker and surer penalties bring in other civilized countries the comparative results that they do, so long is one justified in a considerable share of faith in this simplest mechanism of social control. Individualized treatment is doubtless the best from the standpoint of every offender, but this cannot be conceded as the prime function of society, and a community cannot live by taking in each other's behavior washing.

And yet the point bears directly on what is the main strength of the authors' position. They are fairly convinced (page 215) that if delinquent tendencies can be inhibited up to, say, twenty-one, the chance of their later development is socially negligible; though slightly earlier in the volume this opinion is given a more moderate expression (page 211). It is, of course, precisely during this period that the possibilities of study and control are at their greatest, and the transcending value of their intelligent direction is now hardly regarded as an open question. In this connection the authors have much to say about the limitations of the institution as a correctional instrument, as it seems even under favorable circumstances less effective than the well-chosen foster home in the management of non-problem juveniles. For problem cases the institution is a social necessity; there are not enough Healys and Bronners to go round. But attention is drawn to the value of scientific policy in the selection of those who will make their best response under institutional conditions.

"A man was driving along a country road, when the wheels suddenly sank in a deep rut. The man did nothing but look at the wagon and call loudly to Science to come and help him." The scientific problems of delinquency will be dealt with as such, and with the well-supported interest that is focused upon them ought to make good progress along descriptive lines. To make such knowledge effective in action is a very different story. The facts of criminology are equally available here and in England, France, Germany, Scandinavia, and elsewhere;

their variations in criminal statistics are scarcely to be accounted for in these terms. Even such wiser forms of legal procedure as may exist abroad are to be looked upon as functions of a more socialized outlook than of reflection upon their rationale as such. In this as in our other difficulties, science deals with us exactly as does Hercules with the wagoner. Following the advice on this matter rests with a civic spirit that our people, in general, have still to regain.

Like most good works of science the book is straightforwardly written, and has little recourse to rhetorical effects. The carping critic will say it suffers from appendicitis. Enough statistics are included in the text to make the principal points, but the tabular matter compacted at the close of the volume evinces an amount of work that is rarely indeed so succinct in its reporting. Page 119 gives a scale for the evaluation of economic status that should be of interest for social work in general. A volume concerned with its topic should, however, set a better example in conformity than "*dementia precox*"; if it is the authors and not the publishers who are responsible, they should be sentenced to compose a treatise on sex promiscuity without using the word "*immoral*".

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KEYS TO CROOKDOM. By George C. Henderson. New York: D. Appleton and Company, 1924. 429 p.

We are told in the preface that this book is an endeavor "to give word photographs of every kind of criminal from kidnappers to professional murderers, with the idea that the reader may understand not only the *raison d'être* of the crook, but his mode of procedure, his thoughts, feelings, reactions, weaknesses, and his pitiable, unhappy diseased existence". We are told also that the author, in writing, had "definite flesh-and-blood human beings in mind". With the reservations that the word "sketches" or "portraits" would be better than "photographs", since the author's drawings are impressionistic, and that the range covered, extremely wide as it is, does not include certain crimes such as those in which lust is the main element, the author has succeeded in his endeavor.

He gives vivid descriptions of the methods and characteristics of the several classes and subclasses of "crooks" which he considers under various headings, and illustrates his points by many instances which he has sometimes observed personally, but which are mostly taken from among famous contemporary or even historical cases. We meet among these recent acquaintances such as Ponzi, as well as old ones such as Captain Kidd.

Though the book bears to a great extent the stamp of a compilation of information obtained from sundry current sources and, especially, from numerous police chiefs and others, it gives the impression that the author has, as he claims, a first-hand knowledge of "crooks". This impression is enhanced by the fact that, having mastered their jargon, he uses it so freely that the reader would often be at a loss to understand if it were not for an appendix to the book which explains the slang terms employed and is in itself valuable.

In one chapter, the author gives "advice to prospective criminals", showing, among other things, "that crime is a rotten game" and that the criminal "after a life of terror and dissipation . . . is locked up behind steel bars in a concrete cell and fed out of a pan like the family dog". *Police Technicology* treats of the organization and methods of the police; *Prisons* gives a glimpse of prison organization and its history. The closing chapter, *To Eliminate Crime*, argues in three pages that since ignorance, poverty, mental and physical diseases, and a large foreign population are the four main causes of crime, they should be eliminated. Human weakness is left out of account.

Leaving aside minor criticisms, one wishes that the author had confined himself to the endeavor he mentions in his preface and had not ventured into border-line territories of "crookdom" or into the discussion of complex and difficult questions which cannot be properly treated without an absence of gross prejudice, the possession of a great many reliable facts viewed from various angles, and soberness of judgment, all of which the author seems to lack. Both the style and the underlying spirit of the book savor of those of certain newspapers which aim, above all, at creating sensation and which, methodically picking out a grain of truth suited to their purpose, recklessly make it the whole story. The following passage may serve as an illustration of what I mean. In the chapter *Grafters*, we read: "By this ideal bribeless system, Congress is induced to pass bad laws, repeal good ones, and kill progressive measures; judges declare the good laws unconstitutional, approve the bad ones, and rule in favor of big corporations where the vested interests so demand; presidents instruct attorneys-general and other cabinet officers to deal lightly with influential offenders—all to the end that private gain may triumph and greed reign. Occasionally good and faithful servants are rewarded by attorneys' fat fees, gifts, and market tips in addition to emoluments of the office."

"What I have said about Federal graft is not to be taken as an arraignment of any particular administration or of all public officials,

many of whom are honest. I have merely stated the general theory upon which the system works."

On several subjects the shallowness of the author's conceptions, which often tally with popular beliefs, seems to equal the boldness of his statements and his lax use of technical and other words. This shows plainly when he ventures into the psychological or psychiatric field. For example, speaking of two robbers, he says: "The other two men were psychopathic inferiors or dumbbells." And again: "Insane murderers are very easily spotted. 'Jack the Ripper' is an insane person. The ax murderer who cuts up bodies is a victim of dementia. The man who runs amuck is temporarily crazed. The farmer who killed a postman because he failed to deliver him a bottle of lemon extract was crazy. The fiendish murderers are invariably dangerous maniacs. Not only that, but a great many killers of the other classes are insane, also, else they would never take a human life.

"It is on the plea of insanity that so many slayers escape the gallows or electric chair. A favorite pastime to-day is for the underworld woman to slay her husband, knowing that she can get off with a reprimand and a few months' incarceration in a hospital for the insane."

The passages mentioned above make, we believe, further comments unnecessary. Every one will judge for himself whether, as indices, they are sufficient to cast a shadow on the book as a whole, no matter how good it may be in part.

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PECULIARITIES OF BEHAVIOR. By Wilhelm Stekel. Authorized English version by James S. Van Teslaar. New York: Boni and Live-right, 1924. Vol. 1, 328 p.; Vol. 2, 341 p.

In his recent book, *Peculiarities of Behavior*, Stekel develops the theory of sex basis for impulsive acts, such as kleptomania, pyromania, wandering, and ties. He also includes in his study drinking and gambling. He follows Freud very closely in his theory, stating that the impulsive acts are expressions of the instinctive urgings, unguided by reason, and are a return to infantile pleasure-giving activities, which break out when the individual comes in contact with social restrictions. The instinct is expressed in a distorted form; "every parathiac (neurotic) impulse is a moral reaction against the egoistic reflexes which involve all the primordial cravings". Stekel states that it is a question whether any impulsive act has a basis other than the sexual. In brief studies and analyses

which he uses to illustrate his point, he finds homosexual trends, completely or partly expressed, the most general cause of impulsive acts. He also places much emphasis on the causative factor of lack of adequate sex gratification, resultant, not on a lack of sex relations, but on a lack of sexual acme. He includes, however, among qualities that break out in impulsive acts, suppressed criminal tendencies and reactions against injured pride and a sense of inferiority.

In the introductory chapter of the book, Stekel expounds his theory of instinct. Here, again, he is fundamentally Freudian in his viewpoint. He follows Jung in postulating one single instinct which he calls the life instinct or "life energy". It is an integral characteristic of all living matter and is purely organic. In this exclusion of the emotional aspect of an instinct, Stekel differs from Freud. This life instinct is primarily an instinct for gratification and for pleasure. For purposes of convenience, "instinct" is spoken of in the plural; sex and nutrition instincts are the basic components. The "instincts" is a constant force and appears to change only because it releases varied amounts of energy. It is the reaction aroused in the organism by the instinct that changes. He also brings in the character of instinct that Freud describes in *Beyond the Pleasure Principle*, the negative component of positive instincts, the pairing of the life instinct with the death instinct.

In wandering, Stekel finds a desire to return to the early life, the desire being brought on by lack of satisfaction in adult life. It is really indicative of a longing for an impossible infantile ideal and form of gratification and may be highly symbolic in form, representing, for instance, a return to the maternal body. The return home may also symbolize the desire for revenge for humiliation in childhood. In such cases murder is committed on people who serve as the father or mother image. Wandering is also used as a means of escape from overwhelming temptation toward sex or criminal acts. Compulsive buying and looking for objects are of the same nature.

Pyromania may be symbolic or it may be the means of serving direct gratification. In the latter case, orgasm is produced either by the sight of fire alone or by this accompanied by masturbation. This impulsive act is also found to occur as a substitute for masturbation. It is indicative of sadistic trends. It is very versatile and may be either an act of hatred for unrequited love, according to the findings in many of Stekel's cases, or symbolic of setting on fire with love a beloved one or overcoming one's own frigidity. Bladder sexuality is also involved as a symbol of putting fire out with the hose.

In his discussion of the tic as the shortened symbol of some sex

act or sex trauma acting as a compromise between the conscious and the impulsive or subconscious self, Stekel follows too closely the theory of Freud to need further discussion.

As an introduction to kleptomania, Stekel discusses the stealing found among children. The infantile attitude of limitless power and possession is of some significance here, but in its real nature, stealing is either a compensation for a feeling of inferiority—the child proving by this “manly deed” that he is a “whole man”—or serves as a sex outlet. In the latter case, the stealing is done almost convulsively, in a high state of sex excitation. The carrying out of the act brings a great relief of tension. “It is the compulsive act, not the stolen article, which is the objective.” The act is carried out in a dreamlike state of emotional intoxication and is followed by a relief from tension. It is commonly found in women ungratified sexually and symbolizes doing something that is forbidden, taking hold of something secretly, of something that does not belong to one. This type of impulsive act is often found in parathiacs with masochistic tendencies; through punishment or apprehension for shoplifting, they achieve orgasm. The person who buys rather than steals uses money as a symbol for giving love.

Drug addiction is almost invariably an indication of parathiac temperament. The drug is used as a means of escape from conflict, from carrying out other undesirable impulses. Individuals in whom it occurs are infantile in make-up; they are unable to find satisfaction in their sex life or to bear humiliation. The same thing is true of alcoholism. Here a particular feature is a desire to escape from depression.

In conclusion, Stekel points out the social responsibility for the existence of parathiacs of this type. They are driven to their impulsive acts because of the limited opportunity given to them for self-expression, particularly for expression of their primordial reactions. Stekel comments: “The repression of the sex instinct in particular appears to be the mainspring”; but he also includes the reduction to a minimum of individual freedom as a causative factor. It is not sufficient, however, merely to give the individual greater opportunity for self-expression; this self-expression must be educated and directed. The individual must be taught to adjust to the principles of reality or, as Stekel phrases it, effort must be made pleasurable. He stipulates, however, that adjustment to reality must not be forced too rapidly and that there must not be a “leveling of things of the spirit”. The group has the responsibility of seeing that the individual is trained in socialized thinking—that is, in the suppression of egotistical impulses for the common good. This

must be done by an inner acceptance; it would be valueless if it were forced. The only way socialized thinking can come about in the individual is through acceptance by the mass mind of standards for the common good. The group mind is at present incapable of this because it is infantile and takes a greater delight in destroying than in creating. A new ego must be set up, a new symbol of authority.

Stekel feels that psychoanalysis is to play an increasingly important rôle in dealing with criminals, distinguishing the curable from the incurable and bringing about their social cure wherever this is possible.

MARION PALMER.

New York City.

A PSYCHOLOGICAL RETROSPECT OF THE GREAT WAR. By W. N. Maxwell. London: George Allen and Unwin, 1923. 191 p.

The author of this book served as chaplain with the British Army during the war. The book is a psychological monograph dealing with the mental reactions of men in training and in service at the front. While the book is a retrospect in one sense of the word, it is rather a brief psychological treatise of the reactions of soldiers to the various phases of military life. It is not a psychological retrospect of the significance of war in general, or of the World War in particular, as one might expect from the title.

The author's statements throughout are concise and well considered, but none of the material is new. The first chapter deals with "the war impulse", with states of mind with which we are quite familiar—i.e., those of self-sacrifice, of patriotism, of susceptibility to herd influence, and of various other mental stimuli and impressions which came into play at the beginning of hostilities and during recruiting.

The second chapter takes up danger instincts at the front. This is a review of sensations and mental states that have frequently been described. Instincts of self-preservation, conflicts between these and altruistic impulses, the impulse of flight from danger—these and others are discussed from the technical psychological standpoint.

Sentiments at the Front, the following chapter, deals with similar material, and *Courage*, as the next chapter is headed, takes up psychological aspects of this mental quality. In a subsequent chapter the unconscious mind is briefly discussed in terms of unconscious mental activity, particularly as it applies to war situations. The next chapter, *The Influences of Group Life*, deals with the influence of the herd upon the individual under military régime.

The book is short, and, from a technical psychological standpoint, may be considered a summary of current opinions on the subjects discussed, the author's views being consistent with the teachings of McDougall, James, and Trotter. The teachings of Freud and Jung are briefly discussed as they apply to the war neuroses.

The reviewer, encouraged by the title, looked for a different sort of psychological retrospect of the Great War than is presented here. Such a retrospect might well suggest answers to a number of questions that seem of paramount importance in our present civilization.

One such question would be: "Why has our civilization up to now seemed impotent in avoiding wars of this kind, which almost annihilate civilization itself?" The *Letters* of Walter H. Page show that a few months preceding the war efforts were made by representatives of this country to interest political authorities in both England and Germany in measures directed toward maintaining peace. In England these efforts were treated somewhat indulgently, but the proposition was not seriously considered. Even to Lord Grey it seemed entirely impractical. In Germany it was not possible even to obtain a hearing.

Has there developed since the war a new psychology, reflected in our political leaders, which is at variance with the above pessimistic attitude? Do the new political powers now in control in England and France and to some extent elsewhere stand for a fundamental and significant change? Does present-day thought subscribe to the tradition that war must always be, since it has always been, or is there a changing point of view? A psychological retrospect of the Great War might well attempt to answer some of these questions, but probably such an attempt is not within the province of a book that deals primarily with the mental states of individuals.

SANGER BROWN, 2ND.

New York State Commission for Mental Defectives.

AIDS TO PSYCHIATRY. By W. S. Dawson, M.D. New York: William Wood and Company, 1924. 309 p.

Dr. Dawson, who is senior assistant medical officer at the Maudsley Hospital for Nervous Diseases, London, indicates in the preface to this pocket manual of psychiatry that he has made the attempt to present a concise description of the various forms of mental disorder, and that, throughout, his aim has been "to emphasize the practical aspects of psychiatry and to render the book useful not only to medical students, but also to those who are learning to deal with cases of mental disorders . . ." The first chapters deal with normal psychology, psychopathology, the causation of mental dis-

orders, and their classification. The classification follows English practice rather than that adopted by the American Psychiatric Association and generally followed in this country. In a chapter on the theories of the neuroses, concise outlines are given of the theories of Charcot, Janet, Babinski, Freud, Jung, and Adler with brief descriptions of various mental mechanisms. This chapter of eighteen pages contains in condensed form much information that could be gathered otherwise only by extensive reading.

The etiology, symptoms, pathology, and treatment of the various psychotic reactions are outlined. A separate chapter is devoted to differential diagnoses of certain mental states. There is also a chapter devoted to mental disorders associated with general diseases and diseases of the central nervous system. The neurology and behavior disorder of encephalitis lethargica are briefly outlined. Symptoms associated with disorders of the ductless glands are also referred to.

The section on mental deficiency is quite instructive and contains an outline of the Terman Binet-Simon tests. Not only are methods of treatment of the individual mental states referred to under their respective headings, but there is in addition a separate chapter on treatment along general lines in which commendable attention is called to the importance of the psychology of children and the early recognition of mental disorder. The legal aspects of insanity are treated from the English standpoint, which differs in some respects from that of this country; this is particularly true of the lack of provision for the voluntary admission of patients in England. The usefulness of this manual for American readers is somewhat decreased, therefore, by its presentation of the English methods of examination and commitment. If readers fully realized, however, that this section of the book should not be taken as applying in this country, the book as a whole might be of great value as an outline or introduction to psychiatry for medical students, social workers, and nurses. It should also be valuable as a reference book for general practitioners and it contains many facts that might be useful to the practicing psychiatrist.

The reviewer feels that Dr. Dawson has very well carried out the aim quoted above from his preface.

CLARENCE O. CHENEY.

Utica State Hospital.

THEORIES OF MEMORY. By Beatrice Edgell. London: Oxford University Press, 1924. 174 p.

The major portion of this work—which, while it is not expressly stated to be such, has all the earmarks of a thesis for the doctorate—

is devoted to a critical exposition of views of memory that have been developed through the biological and philosophical approaches to the subject. The final essay represents an effort to develop "retentiveness as a psychological conception", explicitly deriving much of its tenor from the psychology of Ward and Stout.

The critical chapters dissect the "universal memory" of Ewald Hering, the *Mneme* of Semon, the "unconscious memory" of Samuel Butler—whose fame as a novelist and satirist has eclipsed his philosophical interests—the behaviorism of Watson and the school of new realists, the "emergent evolution" of Lloyd-Morgan, and the "two memories" of Bergson. There is also a chapter in which the author takes the theory of memory from Hobbes down to Spencer in English and Scottish psychology.

The author's method in dealing with the biological theories of memory is to let the biologists annihilate one another. Thus, whereas Semon, following Hering, builds a system on "engrams" (after-effects of a subsided stimulus), and "ecphory" (the bringing forth of an engram side by side with the primary effect of operating stimulus), both processes comprised in the concept *Mneme*, Loeb shows that the cases can be explained in physio-chemical and photo-chemical terms. Jennings on his part limits the rôle of the tropisms and stereotyped reflexes, since he finds that all behavior displays selection, adaptation, and regulation. The author concludes with Ward that such theories as the biologists have proffered on memory can be justified only by a philosophy of pan-psychism.

Turning to behaviorism, attention is directed away from the difficult problem of the nexus of body and mind through the very simple expedient of ignoring consciousness. But the author claims that when the behaviorist gets to memory, he, unconsciously, of course, imports the older method of consciousness-theorizing into his explanations, copious quotations from Watson being made to press the charge.

The reliance of new realism on a behavioristic psychology is held to vitiate its views of memory, also. Thus the author holds that Professor Alexander denies the possibility of reflective self-consciousness in a specific manner and yet lets this view into his account of memory. The attempt of Mr. Russell to identify "private facts", such as memory images, with "objective facts" breaks down on the point that there is a feeling of belief which is essential to any adequate treatment of memory. Professor Holt is criticized on both these grounds.

Butler and Bergson are treated together. In the case of Butler the author riddles the theory of "ensouled vibrations" which are evoked to explain the memory-image; and in the case of Bergson

the connection between the "memory" that constitutes the continuity of nature and the memory processes in the life of an individual is shown to be too feeble to bear the strain put upon it.

The last chapter, in which the author presents her own theory of memory, is largely based on the teachings of James Ward.

One might express the wish that the author had paid more attention to a clear presentation of her subject. The architecture of the chapters and of the book as a whole cannot be approved, and on the side of content a clearer statement both of the views of the authors criticized and the basis of the criticism would be desirable. Fault can also be found with the treatment of the experimental work on memory. The results of a few experimental studies are mentioned, but these by no means exhaust the principal work that has been done in the field.

IRVING GERDY.

Milwaukee, Wisconsin.

GUSTAV THEODOR FECHNER; *EINE PSYCHOANALYTISCHE STUDIE ÜBER INDIVIDUELLE BEDINGTHEITEN WISSENSCHAFTLICHER IDEEN.* By Imre Hermann. Vienna: Internationaler Psychoanalytischer Verlag, 1926. 62 p.

The author's task would have been easier if there existed a psychoanalytic biography of Fechner. But in pre-Freudian days no one saw the scientific value of an exact account of the libido-development-and-displacement process from birth to puberty. Dr. Hermann makes good use of the data at his disposal and succeeds in showing that there is a causal connection between the chief libido trends in Fechner and the form and content of his thought and theories. In the absence of records in the early years, Dr. Hermann finds the clearest evidence in the psychoneurotic illness that followed Fechner's marriage.

The facts, briefly set forth, will have a special interest for those who are familiar with Rank's discovery of the difficulty experienced by the sensitive human being in leaving the mother and adapting to adult life and love. The consequent tendency to slip back to the intrauterine state of inertia by withdrawing energy from bodily and mental functions Rank has found to be a fundamental factor in all disease. In Fechner's case the symbolical satisfaction of the symptoms is particularly obvious. The attempt to identify with his father, implied in marriage, evidently roused in the hypersensitive son great anxiety and guilt and caused a strong tendency to regress to the mother.

Fechner developed a photophobia that finally made him almost a prisoner. All attempts at a cure failed until he had passed through

ten months in this quasi-intrauterine state, in which even the activity of eating was reduced to a minimum. At the time of his "rebirth", his eyes grew strong again, the painful feeling of pressure on his head disappeared, and for a time he lived on a milk diet.

In the succeeding chapters, Hermann shows to what extent the deep tendencies and phantasies of Fechner's libido determined the symbolism of his poetic creations and the choice of scientific and metaphysical theories. The phantasy that most closely corresponds to his period of neurotic introversion is that in which he regards the water lily as enjoying an ideal state of life. Its roots are in the dark water beneath the leaves, and its flowers enjoy the light of the sun until at night they close up and sink, as it were in sleep, beneath the surface.

Hermann collects much evidence of Fechner's satisfaction in thoughts about the reversal of the evolutionary world process to its starting point, the return to mother earth, and in the logical conversion of propositions. In his preference for dual aspects of reality and his attempt to find a unity underlying the psychical and the physical, Hermann finds the hidden wish to make the whole world reflect the ideal state in which the child felt the primal deep unity with the mother. Hermann agrees with Rank in supposing that Fechner's intellectual activity was a means of avoiding the emergence of painful events; and he makes it clear that Fechner gained new strength to face life after his unconscious method of self-cure, and henceforth satisfied the regressive libido in scientific and philosophical symbols.

Hermann seeks to show that special talents, such as Fechner's gift of speech, have a basis in a libido tonus which may be increased by a blocking of other pathways. But the evidence in Fechner's case allows only of speculation on this point.

In his final chapter Hermann is able to show that, after the ten-months regression, Fechner's self-cure went so far that he was able to produce many valuable scientific ideas which have been confirmed by later research.

CAVENDISH MOXON.

San Francisco.

NOTES AND COMMENTS

Missouri

A progressive piece of legislation, sponsored by the Missouri Association for Criminal Justice, will be introduced in the 1927 legislature. It contains provision for the mental examination of certain persons on trial, and of the inmates of the state penitentiary and reformatory at stated intervals, creates a new hospital for criminal insane, and provides for a state department of mental diseases. The following paragraphs are quoted from this bill:

There is hereby created a Department of Mental Diseases, which shall be under the supervision and management of the health supervisor and the six members of the board of managers of the state eleemosynary institutions. At least one member of the board besides the health supervisor shall be a physician, with knowledge of the proper care and treatment of the insane.

In order to determine the mental condition of any person coming before any court of this state when and where the question of sanity becomes an issue, the court may, on its own motion, or upon the application of counsel on either side, within the limits of existing law, request the Department of Mental Diseases to assign a member or members of the medical staff of any state hospital to make such examination of the mental condition of the individual involved as he or they may think proper and necessary. A report of the finding and the result thereof shall be made in writing to the court, which report shall be available to counsel on both sides for their information.

If any one charged with a felony shall, upon trial, be acquitted on the ground of insanity, the trial court shall order him or her committed to the proper state institution for the insane.

The procedure for such committal shall be in accordance with the statutes now or hereafter existing governing cases of insanity, except the determination of the issue of insanity, which shall be considered as adjudicated by such trial court.

The Department of Mental Diseases shall examine, or cause to be examined by members of the staff of any state hospital or hospitals, at least three times each year, the inmates of the Missouri State Penitentiary and the Missouri Reformatory, and make a report thereof in writing to the Commissioners of the Department of Penal Institutions and the governor. Such inmates as are found by such examination to be insane shall be removed immediately by the Commissioners of the Department of Penal Institutions to the proper institution provided by the state for such unfortunates.

New York

The State Departments Law became effective January 1, 1927. By the terms of this law there are eighteen civil departments in the state government. One is the Department of Mental Hygiene, headed by the Commissioner of Mental Hygiene. Dr. Frederick W. Parsons, Chairman of the State Hospital Commission, which the new department supersedes, has been appointed to this position by the governor.

Provision is made in the Department of Mental Hygiene for the following three divisions: (1) division of mental diseases, (2) division of mental deficiency and epileptic diseases, and (3) division of prevention. Each of these divisions is to be headed by an assistant commissioner appointed by the Commissioner of Mental Hygiene. The assistant commissioners are to be in the competitive class of the civil service. The assistant commissioner in the first division must be a physician of actual experience in the hospital care of mental diseases; in the second division, a physician with actual experience in the institutional care of mental defectives; and in the third division, a physician experienced in the care and treatment of mental cases and community supervision work. Other qualifications may be prescribed by the commissioner. By the terms of the law the present Chairman of the State Commission for Mental Defectives, Dr. Sanger Brown, 2nd, is to be the head of the second division.

The Commissioner of Mental Hygiene may establish in the department a division of departmental administration, a division of visitation and inspection, and such other divisions and such bureaus as he may deem necessary. The commissioner may designate one of the assistant commissioners to be also the deputy commissioner of the department.

A measure is before the 1927 legislature, to be known as the Mental Hygiene Law, which amends the present insanity and mental-deficiency laws and the sections of the charities law relating to epileptics, to conform with the State Departments Law passed last year. This measure provides for a uniform system of management of institutions for the mentally diseased, mental defectives, and epileptics, and brings together the regulations concerning the commitment, treatment, and discharge of these three classes.

Ohio

A bill before the 1927 legislature in regard to the issuance of marriage licenses, contains, among others, the following provisions:

"No license shall be granted when either of the parties, applicants therefor, is an habitual drunkard, feeble-minded, imbecile, or is, or has

been, epileptic or insane, or who is afflicted with a venereal disease, or who, at the time of making application for license, is under the influence of an intoxicating liquor or narcotic drug, or who has been twice convicted of a felony, except as hereinafter provided.

"No woman under the age of forty-five years or man of any age, except he marry a woman over the age of forty-five years, either of whom is an imbecile, feeble-minded, or is or has been epileptic or insane, or who has been twice convicted of a felony, shall hereafter intermarry or marry any other person within this state, unless one of them has been rendered sterile by surgical procedure. Children born after a parent was insane shall not marry except under the above-named conditions, unless the parent or parents of such children shall have been discharged from the state hospital for insane or any other legally constituted institution for the treatment of the insane more than nine months before the birth of the child, as cured and remained cured for a period of ten years after such discharge. . . .

"All persons making application for license to marry shall at any time within fifteen days prior to such application, be examined as to the existence or non-existence in such person of any venereal disease, and it shall be unlawful for the probate judge of any county to issue a license to marry to any person who fails to present and file with such probate judge a certificate, setting forth that such person is free from venereal diseases so nearly as can be determined by a thorough examination and by the application of the recognized clinical and laboratory tests of scientific search. When a microscopical examination for gonococci is necessary, such examination shall, upon the request of any physician in the state, be made by the state board-of-health laboratory free of charge. The recognized scientific laboratory tests for syphilis shall upon application be made by the state board-of-health laboratory free of charge. . . .

"Such examinations shall be made by physicians duly licensed to practice in this state, or in the state in which such male person resides. The health commissioner of any county, shall, upon request, make the necessary examination and issue such certificate, if the same can be properly issued, without charge to the applicant."

The measure carries the penalty of a fine or imprisonment, or both, for any probate judge who unlawfully issues a license, for any physician who knowingly and wilfully makes a false statement in the certificate, and for any person who obtains a license contrary to the provisions of this bill.

Land has recently been purchased in Wayne County for the site of a new state institution for the feeble-minded. An appropriation of \$500,000 for this institution was made by the 1925 legislature.

Pennsylvania

A joint resolution providing for a \$50,000,000 bond issue for state-owned institutions for the mentally ill, feeble-minded, epileptic, and delinquent has been introduced in the 1927 legislature. This measure,

which passed the 1925 session, will, if passed at the present session, be submitted to the voters of the state for their approval. This action is necessary inasmuch as the measure is an amendment to the state constitution.

ANNUAL MEETING OF THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

The seventeenth annual meeting of The National Committee for Mental Hygiene was held on November 11, at the Hotel Pennsylvania, New York City. About one hundred members of the Committee attended the meeting and the luncheon that preceded it, at which addresses were made by Doctor Charles P. Emerson, President of the Committee; Doctor Frankwood E. Williams, Medical Director; and Mr. Clifford W. Beers, Secretary.

The outgoing officers were all reelected for the coming year: Dr. Charles P. Emerson, President; Dr. James R. Angell and Dr. Bernard Sachs, Vice-presidents; Mr. Frederic W. Allen, Treasurer; and Mr. Clifford W. Beers, Secretary. The vice-presidency left vacant by the death of Dr. Charles W. Eliot was filled by the election of Bishop William Lawrence of Massachusetts.

"AFTER DULLNESS—WHAT?"

The Survey Graphic for October published an article by Carl Van Doren, *The Revolt against Dullness*, in which he made the statement that nothing in the intellectual history of the United States matches the present rebellion against smug uniformity and complacent acceptance of the standards and opinions of Main Street. The beginning of this revolt he traced back to Randolph Bourne and the years just before the war. *The Survey*, therefore, asked a group of the men and women of Randolph Bourne's generation—including a number of editors, several poets and critics, a playwright, a lawyer, and a philosopher—to ask themselves the question that Mr. Van Doren's article naturally suggests: What is to follow this revolt against dullness? What is it a revolt *for*? What new values are to be put in the place of the old values that the young rebels have discarded? The answers—which, as was to be expected, vary widely in tone and content—appear in the *Survey* of November 1. By courtesy of the editors, two of them are reprinted here.

HUNGER

By Beulah Amidon

My grandfather was a circuit rider who felt himself "called" to carry the gospel according to the Methodist dispensation to the scattered pioneers of western New York. Poverty, cold, hunger, a dirt-floored cabin in a forest clearing, no books, no intellectual companionship, misunderstanding, sickness, isolation were the price he paid for his ministry. And in their serene old age my grandparents felt that their lives had been "abundantly blessed". They had "worked in the harvest fields of the Lord".

My father chose to serve as an underpaid, overworked public servant "for the general good" rather than use his talents "for purely selfish ends". He says, "I have shared in the best things that have happened in my lifetime." He has had a part, often a leading one, in numerous large, organized attempts at political housecleaning and "enlightened legislation". Instead of a Christian missionary, he has been a fearless and untiring liberal.

My grandfather's formula, his heaven and his hell and his "fellowship with God", is almost unintelligible to me. The war challenged my father's formula. Salvation through political action now seems as dubious as salvation through the Blood of the Lamb.

If any one had asked my grandfather in his early thirties, "John, what do you want in this life?" he would have had no hesitation in answering, "To preach Christ and Him crucified." To the same question I am sure my father would have replied, "To serve my fellow man." But when I am asked, "What do you want in life?" I have no such clear and direct reply to make.

Perhaps we blame too much on the war and yet for many of my generation I am sure it is a sharp dividing line between some sort of faith and a vast uncertainty. No value emerged unshaken from war and "deflation"—no value, that is, except the terrible importance of not missing life. Those years made a lot of us aware of the necessity for living, for rejecting "the life that passeth as a dream". Pain and defeat became acutely preferable to smooth and uneventful contentment, however secure. One must live—at absolutely any price.

That implies, among other things, economic independence, lots of congenial work, physical health, a reasonably satisfactory sex life, diverse human contacts. It imposes the most rigid kind of discipline—not easy compliance with rules set up by somebody else, but strict self-discipline. I do not think there is any other way to be free and eager and resilient and unafraid. It seems to me enormously rewarding, in however slight a degree one achieves it.

And yet—

To live for the sake of living insists on seeming to me an absurd performance. Youth and work and material success and adventure and marriage and vigor—physical, emotional, intellectual—are not enough for some kinds of restlessness. Parenthood often seems to be, especially to a maternal parent. But however absorbed one becomes, there are the "restless forties" among our friends to remind us that that job is almost breathlessly brief and that there is a lot of life to be got through somehow without it.

As I talk with my coevals, it seems to me that a good many of us are trying to formulate something that will fuse our individual lives, giving meaning and unity to each, something as vital and sufficient as religion was to my grandfather and liberalism to my father.

Most of the people I meet who graduated from college ten to fifteen years ago are doing a job with fair competence, getting a good many of the satisfactions they demand, but they are unsatisfied.

There are a lot of us who find that just living, even when it is fairly complete, leaves one hungry. Perhaps some of us are vestigial remnants of the mauve nineties in which we were born, unable to achieve the self-sufficient individualism that is supposed to characterize the oncoming generation. For many of us, there is a need to know the totality of individual experience as part of something bigger and more continuous than one's brief past, one's shifting present, one's uncertain future.

I, for one, want, emotionally, a general philosophy that I can accept intellectually—a concept of existence commensurate with the difficulty of life and its loveliness.

PERSONALITY

By Mary Ross

When I still stood behind academic palings, I remember that the great world after college used to look from a distance like a field of gallant crusaders, proudly flying such banners as "woman suffrage", "single tax", "prison reform", "good government", and the like. Though muck-raking was no longer a major sport, a good deal of enthusiastic digging still was going on. The whole emphasis was on leadership in these social forays against social dragons, training for leadership, developing leadership, recognizing leadership. But after the commencement gates closed behind us, those well-organized, definite little bands seemed to become less distinct; they no longer stood out as white advancing on black, but merged into a generally gray population. This may have been only the familiar failure to see the wood for the trees, but I think that that is not a total explanation. I believe that in these past fifteen years there has been a definite and a cumulative shift in the interests and the desires of ordinary young people.

The general philanthropic movement which started seventy-five or more years ago with terrified peeps into jails and poorhouses, and sporadic sallies against the subjection of women, broadened to cover the tenements and the sweat-shops, to build soup kitchens and milk stations, to open neighborhood houses and classes in Americanization, always doing something, fighting for something. As long as one could keep one's eye on a social objective, accepting it in place of the bright and just immortality which beckoned our forefathers on, progress, though often discouraging, looked comparatively simple. Faith, patience, and persistence were the armament of the good soldier.

But into the prospect of a march on Utopia, some one cast the disquieting suspicion that even the well-fed, the well-housed, the well-loved, are not always happy. And the genuine altruist must feel that the result of his labors will be happiness. Perhaps, from a popular point of view, it was the novelists who found out that childhood could be

unhappy even when all outwardly seemed auspicious, and traced the scars of early unhappiness to the disfigurements of later life. Then, to elucidate their observations, and some of the inexplicable discoveries of even the faithful, came the addition of a whole new field—that of the unconscious—to our psychological understanding of people's minds and bodies.

The real revolution in modern ideology, as I see it, is the dawning recognition of the gnawing vitality of emotional forces that will not yield to any intellectualized pattern of life, a new recognition of the importance and power of the emotions. Such problems cannot be met by mass solutions; they cannot be solved by one person for another. And with a realization of this has come the suspicion, or the conviction, that much that has gone by the name of idealism and self-abnegation, serviceable as it has been, has been the attempt of people to get rid of their private difficulties by pouring them into a public service. Once that is realized, the glamor of public service, as a certain good, is lost. It becomes not a religious goal, sacrosanct in itself, but merely a matter of tactics.

As I look about at my coevals, it seems to me that those with the greatest measure of vitality and the greatest capacity for adjustment—the fundamental attributes of living—are too absorbed in the difficult task of working out an individual and honest solution of their own lives to fall in behind the mass movements. For them honest living means to see what they need in income—intellectual, spiritual, and material, if those distinctions can be maintained—and then to balance against it what they can get and to reconcile the two columns. Such an attempt makes it impossible to plot out a life in advance, as the commencement orators advise, and to say that one will do this or that with it. It throws the emphasis from objective accomplishment to personality.

What is the so-called intellectual to do in a generation that is learning from bitter experience and psychological re-interpretations to distrust intellectualizations? He is cast, it seems to me, from the pursuit of the old praiseworthy socialized patterns to a series of personal dilemmas from which he must evolve his own harmony if he is to continue as a sensitive and honest person. He must be before he can *do*—or, more accurately, his doing must be his being. Where there used to be two broad highways, one going up to good, one down to evil, there are now many winding tracks with no such clear and common ends.

SPIRITUAL HEALING

Editorial, *The Lancet*

The practitioner of so-called orthodox medicine is confronted from time to time with records of "cures" obtained by what are often claimed to be unorthodox methods, and with rumors of still more marvellous results secured, as the exponents of these methods hint, by means of which the ordinary physician has no cognizance. We are

told that in matters political the public memory is notoriously short, but in matters medico-therapeutic it is equally true; or, rather, there is an admixture of ignorance with the forgetfulness, for it is surprising how frequently modes of healing that are openly advertised as "new" or "novel" only repeat a technique which is as old as the hills. The undoubted success of not a few varieties of the healing art vaunted as panaceas by enthusiastic disciples, if not always by their supposed originators, offers food for thought and suggests some comments. Without going further back than the last hundred years, the student of the subject can readily recall instances of spiritual healers who have risen to fame and success, and have enjoyed a vogue claimed to be unprecedented, who have, it may be, established schools of devotees, only to fall at length into an equally profound oblivion. The founder of the Mormon religion, Joseph Smith, cast out devils in the name of the Lord, and tried his hand on diseases with no little efficacy, if old records are to be trusted. In fairness it should be said that behind his apparatus of holy oil, consecrated flannels, and the like, Smith gave shrewd indications that he had at least apprehension, dim though it may have been, of the power of mental suggestion. He recognized his limitations in the cholera epidemic of 1834, and, with a curious combination of religiosity and what the Americans call "horse sense", held to the theory that healing is a sacerdotal gift, a priestly function, and that without faith no cures are possible. The cult of Dowieism was founded by John Dowie, of the "Temple of Zion", whose meteorlike rise to heights of notoriety led many of the unthinking to hail him as almost divine, and who published a now utterly forgotten periodical entitled *Leaves of Healing*, filled with wonderful (and preposterous) examples of cures effected "at a distance" through a mystical power of faith of which he was the arch-exponent. More recently still, we hear of a "New Civilization Church and School", whose teaching, its originator lucidly explains, "is standardizing the world and passing all thought into one great universal impulse", and where healing by regeneration through fasting and otherwise holds a prominent place. Again, a little brochure has reached us which heralds the advent in this country of a system of healing "practiced with great success for about thirty centuries in Gosainthan, the highest shrine where man holds communion with his Creator, situated 16,800 feet above the sea level, among the snows of the Himalayas". For a reason that is sufficiently obvious, it is contended that this particular method of *healing* does not "in any way interfere with the Christian *faith*".

If we examine dispassionately such features as these and many other movements of a similar character have had in common, we are met at once with the universal existence of an interrelation between practitioner and subject consisting in sublime self-confidence on the part of the former and eager expectation on the part of the latter. Without this *rapport* no fruitful results can be attained. For the securing of these, further, an atmosphere of emotional preparedness is no less imperative, and the more lush the emotion, the more effective is the ceremonial. Of the truth of this statement history provides innumerable instances. If the curious reader will examine the published records of spiritual revivals and camp meetings among any comparatively emotional populace, he will find abundant evidence to the purpose. Thus the Reverend Samuel J. Moore published in 1859 a now forgotten little volume entitled *The History and Prominent Characteristics of the Present Revival in Ballymena and Its Neighborhood*, in which he scans critically the accompaniments of the movement, and adduces instances both of the appearance of purely hysterical phenomena under the mass influence of the time and place, and of the "cures" of morbid conditions in the same emotional atmosphere. In an environment of intense sympathetic expectation, it is not surprising that resistances are broken down. On a famous occasion, years ago, it may be remembered, the phenomena attributed to the supernormal powers of a celebrated "medium" failed to make their appearance because of the "offensive incredulity" of a young doctor of medicine, happily still with us and known by reputation the world over. Such is the effect of faith, or of unfaith.

Now, when exaggerated, if sincere, claims are once again being made on behalf of spiritual healing, it is desirable they should be placed in their proper perspective. Of the reality of spiritual emotion there can be no question, but in any discussion of the mechanism of production of the "cures", we are bound in seriousness to ask whether the "spiritual" or the "emotional" factor predominates, whether any distinction is or can be drawn between them, whether the "spiritual" influence accomplishes something beyond the scope of other less pretentious methods. In respect of the last of these, our answer must be a direct negative. Cures as "striking", as genuine, and as enduring, are being effected daily in hospitals and consulting rooms by men who make no claim to tap a wonderful and mystical power outside themselves, who use simple and straightforward means, who adapt themselves to the needs of their patient by explaining technique where this is desirable, or by

quiet assurance where the subject does not wish to know, or is intellectually not very capable of understanding, how the result is to be obtained. It seems unnecessary to adduce concrete instances from the experience of any of the practitioners of orthodox medicine, for we should not know where to stop. It is desirable, however, to point out that modern knowledge of the existence of the "unconscious motive", and of the working of the unconscious mind, teaches us to feel no surprise, still less to postulate any supernatural or occult agency, when an inveterate case of "paralysis" casts aside its crutches and walks. A distinguished physician was wont to impress on his students how frequently the chronic "functional" patient "gets tired of his infirmity", with the natural corollary that he becomes ripe for a "cure", and that "cure" may be effected by any means whatever, physical or spiritual, once the psychological moment arises. The history of the recent war neuroses affords one more proof of the accuracy of this observation. No physician worthy of the name is poor-spirited enough to fail to rejoice when the sick in body and mind are healed by "spiritual" agency; but as he can by ordinary techniques effect identical cures himself and is averse to anything that savors of advertisement, he may be pardoned if he tends occasionally to become impatient at the interpretation put on their wonder-working by some self-styled spiritual healers. His hope is that more members of the profession will devote themselves to the relief of the great amount of "floating" nervous ailment that exists to-day, for they possess the immense advantage of knowing what can be influenced by mental methods and what cannot, and of being able to recognize and diagnose the etiological factors that are responsible.

THE RISK OF SUICIDE IN MENTAL CASES

The following letter, which recently appeared in the English *Lancet*, presents a very sane point of view with regard to the risks involved in the abolition of mechanical contrivances for safeguarding mental patients. The writer, Dr. Bedford Pierce, was formerly superintendent of The Retreat, York, England.

SIR.—In commenting on a recent case of suicide at Bournemouth, the coronor appears to have considered those in charge of the patient at fault in not providing bars to the window of the bedroom. The facts of the case are simple. The patient was under certificates, on leave of absence from a licensed house, and staying at a branch house at Bournemouth. She was known to be suicidal and a nurse was continuously in attendance. She attacked the nurse and succeeded in throwing herself from a first-floor room by squeezing through a

narrow opening in a casement window. Death was attributed to shock rather than injury.

The coronor's criticism raises matters of importance which concern the treatment of individual patients, the care of the insane generally, and the responsibility of the nursing and medical professions.

With regard to the individual patient, it is necessary to remember that not rarely the best chance of recovery involves some measure of risk. Safety first may mean bad treatment. In this case, the patient had been three years in the parent institution, and it may be presumed that the removal to the beautiful seaside home was designed to give a new outlook on life and increase the prospect of recovery. This end would have been defeated if she had been placed in a strong room with barred windows. There was, perhaps, some force in the remark of the foreman of the jury that such patients should be nursed on the ground floor, but even so anybody who can get out of a window may get away and find a means of ending life. No one would attempt to justify carelessness or any laxity in taking precautions when patients are known to be suicidal, but, broadly speaking, it is safer to trust to personal supervision than to bars or other mechanical contrivance.

That the precautions were inadequate in the present case does not necessarily mean that the arrangements at the seaside home were wrong. In dealing with such patients, in spite of every care accidents happen from time to time. In the treatment of insane persons generally this same problem is ever present. Although a considerable percentage of persons under care have contemplated suicide, only a very small number are at any given time actively suicidal. Unfortunately it is impossible to be quite sure who these are, or special measures for their treatment could be made.

The question then arises, How far must the comfort and welfare of the majority be sacrificed for the safety of the few? High walls, unclimbable fences, barred windows, strong rooms, and even locked doors are rapidly disappearing from our mental hospitals, and we trust public opinion will support the change. If remarks such as those of the coronor in this case influence the authorities, it will mean a setback in the treatment of the insane.

I do not forget that a mental hospital must be a place of safety, and that in many cases with suicidal tendency the first element in treatment is mental rest—a rest from the constant temptations which ordinary home conditions afford. But this safety is, as already said, best secured by personal supervision, which must always be the first line of defense. The second line—viz., the structure and planning of the buildings and gardens—gives scope for great skill, in order that additional security may be obtained without interfering greatly with ordinary conditions of life. In certain wards the upper windows must in some way be secured, and to do this without hindering with free ventilation is extremely difficult, especially in hot climates. But in spite of all contrivances, the essential difficulty will remain. If the institution is made really safe, it becomes a prison; if the patient is allowed no access to tools, employment therapy is impossible; if escapes are to be wholly prevented, country walks cannot be permitted; and so forth.

I believe that the true interests of the insane are best secured in a liberal policy. It may, perhaps, lead now and then to accident, but

on the whole it will prevent many accidents, and happier conditions of life will give better results.

Lastly, the responsibility of the nurse and the physician. Although a nurse is not required to determine whether a patient is to be deemed suicidal, her responsibility is great. One painful feature of many such cases is the way in which the nurse's good nature may be imposed upon. A nurse gave up a half-holiday, offering to take a patient for a cycle ride; the patient was better mounted, outrode the nurse uphill, and escaped on to the railway. Fortunately she was found and returned safely. A patient threw a cup of hot tea in a nurse's face, and with the broken fragments of china seriously cut her throat. She eventually recovered. In the present case the nurse was attacked and overpowered. We must not overlook the fact that, when personal supervision is substituted for mechanical contrivances, it throws great responsibility on the nursing profession. How often have nurses and doctors been deceived by plausible tales or tempted into giving liberty by skilful feigning of convalescence! On the other hand, how often the beginnings of improvement have been stimulated by the nurse's interpreting instructions in a liberal, intelligent manner! Have we not often heard patients say that they would never have recovered but for the encouragement given by such and such a nurse? The newspaper account said nothing about the nurse in this case, but surely it illustrates forcibly the responsibility that rests on the nursing profession in this connection.

In the practice of psychiatry, there is constant anxiety with regard to suicidal patients. Familiarity does not loosen the subconscious strain. Although the majority of accidents occur unexpectedly and but rarely to patients who have been recently examined with care, nothing will entirely eliminate the danger. It is impossible to see sufficiently into the inner workings of the mind, and even if the immediate risk be correctly estimated how can future fears and impulses be foreseen? There is a certain type of patient, fortunately not common, who sooner or later will succeed in ending his life in spite of all precautions. The anxiety is not so much in regard to these, but in respect to the doubtful cases, and in those approaching convalescence.

The decision whether a patient must be treated as suicidal, the degree and kind of supervision necessary, what occupations are to be encouraged, and when increased liberty can be given—indeed, the decisions effecting the whole manner of life—inevitably involve great responsibility. Little do the public realize the wear and tear this means. Frequently risks are taken after mature consideration in the hope of awakening healthy interests, and then the position corresponds with that of a surgeon who undertakes a grave operation on the chance of saving life. How differently the public regard the two cases!

All interested in psychiatry welcome the fullest investigation when an accident occurs. The welfare of the insane patient is rightly the concern of the King and his representative. But it is very doubtful whether the English system of public inquiry serves any useful purpose, whilst the newspaper accounts give relatives needless anxiety. The Scottish procedure by private inquiry is preferable. Let carelessness and abuses be exposed, but let us avoid the pain and discouragement caused by needless publicity.

I am, Sir, yours faithfully,
Malton, Oct. 11, 1926.

BEDFORD PIERCE.

DOES INFANT WELFARE WORK PRESERVE THE UNFIT?

Editorial, *Current Opinion*

The future of the human race is the theme of lively speculation, with depressing forecasts considerably outnumbering the alluring vistas. A favorite subject for lamentation concerns the alleged deterioration, present and prospective, brought about by measures designed to save human life. In the words of one who considers that mankind stands at the crossroads:

~ Successful efforts to lower infant mortality will result in a somewhat higher child mortality; nevertheless, lowered death rates of infants and children and young mothers will eventually bring past the reproductive age many weaklings who would otherwise have left no offspring. In other words, increased medical skill and the spread of preventive methods will tend to result in a race weaker naturally than before [E. M. East].

This somewhat jaunty deliverance apparently finds support in certain statistical analyses of infant and child mortality, notably those by Pearson and his colleagues; other analyses are distinctly contradictory.

If infant welfare work is essentially dysgenic, then the sooner the fact is established the better. Even superficially, however, many facts warn against the hasty assumption that the saving of the lives of babies interferes with the action of natural selection. Germs are not respecters of germ plasm. There is not any reason to believe that babies with an outfit of qualities of great potential value to the human race are any more or any less resistant to milk-borne typhoid or scarlet fever than babies destined to be hewers of wood and drawers of water. On the purely physical side, evidence is lacking to indicate that the infant whose life is saved by suitable feeding or by protection against excessive heat or cold is "less fit to survive" than the infant fed with partly decomposed milk or swaddled in thick garments in midsummer and allowed to be chilled in winter. Spartan methods of upbringing may conceivably weaken those that survive and render them less resistant to the hazards of adult life. A pneumococcus-carrying osculation seems to the casual observer an accident that an infant should be protected from rather than a desirable step in the process of natural selection. It has certainly never been shown in a convincing way that exposure to disease germs is a method of evolving efficient and happy races or individuals. It would be a *reductio ad absurdum* to suggest that one interferes with natural selection when one requires that dogs be muzzled to prevent the spread of hydrophobia.

While considerations of this sort are of course familiar enough and

have had sufficient weight with the average human being to prevent the abandonment of infant welfare measures, it is obviously desirable to secure a more compelling variety of evidence. An important study of the statistical relations between mortality in infancy and in the subsequent years of life¹ apparently furnishes information of this character. An examination of the infant and child death rates in Chicago over a period of twenty-six years with calculation of the correlation coefficients indicates, so far as these data permit a judgment, that the effects of infant welfare work have not been dysgenic as alleged by Pearson, Snow, and some other statisticians. The positive values of correlation coefficients as computed by Falk demonstrate that in Chicago the mortality has generally been high in the subsequent years of childhood among children that survived the year of infancy in a period in which infant mortality was high, and vice versa. The probable interpretation of this relation is that infant welfare work not only achieves the direct saving of life, but in addition operates to preserve subsequent bodily fitness and resistance by reducing the incidence of illness that injures when it does not kill. The study is significant and will be especially welcomed by the large body of non-mathematical readers who, themselves unable to refute the arguments of Pearson and his followers, have yet felt that the last word has not been said.

¹ Falk, I. S.: J. Prev. Med. 1:125, 1926.

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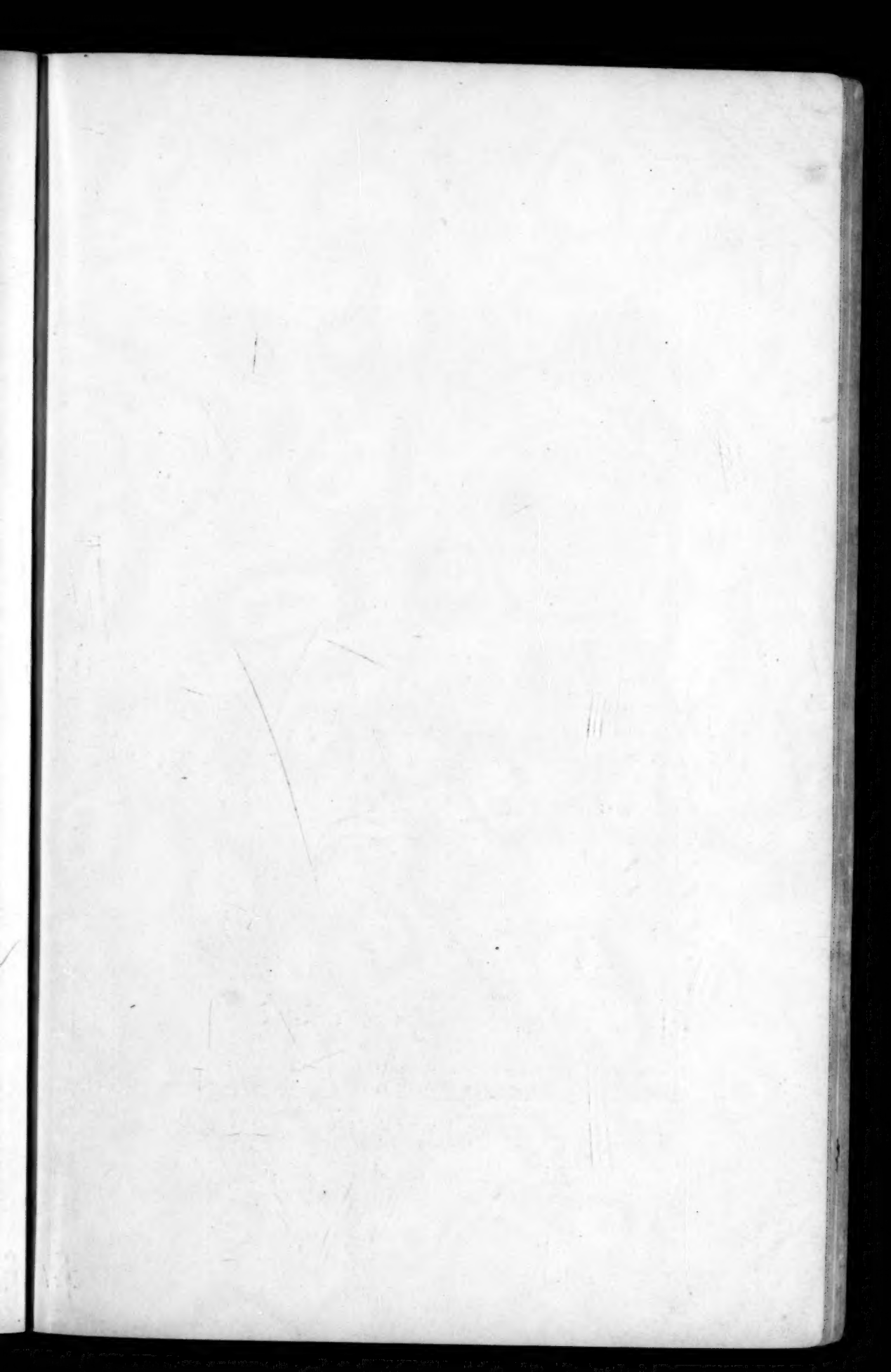
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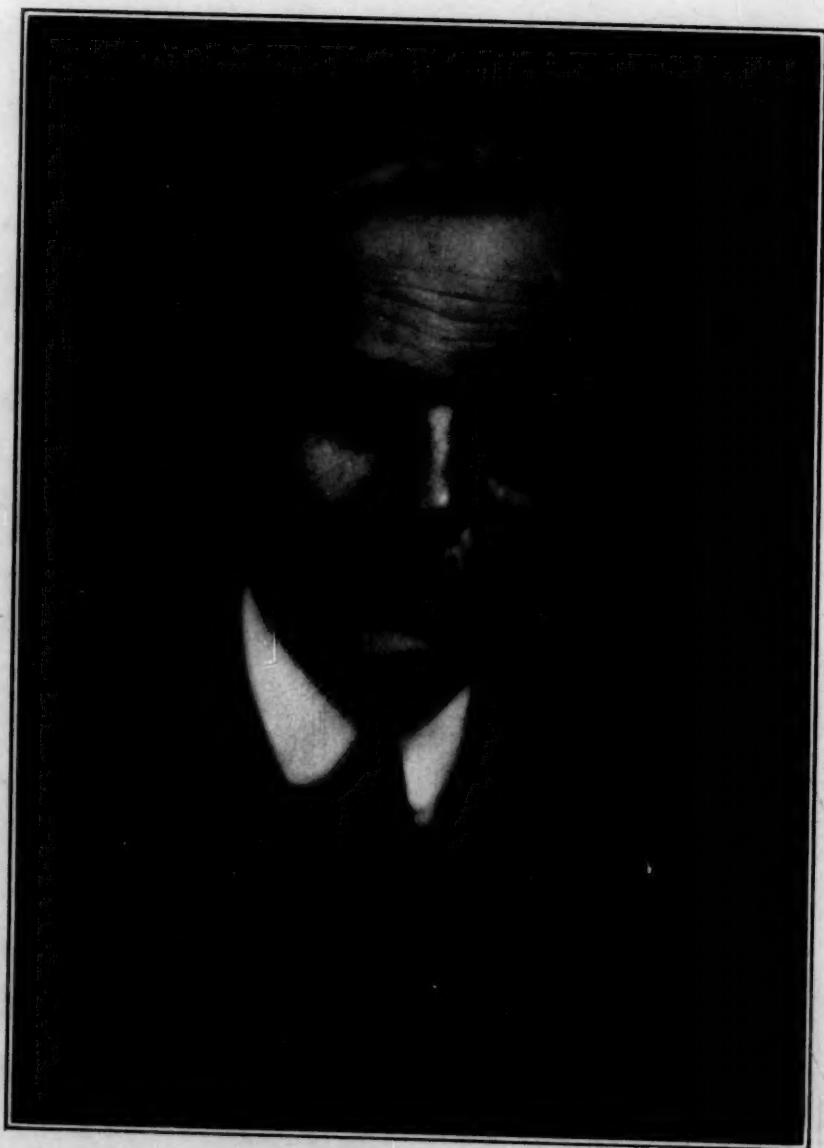
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1858-1927